



# College of Veterinarians of British Columbia

## *Policy: Scheduled Practice Facility Inspections (CVBC Bylaws 3.4(4))*

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### **Preamble:**

An inspection of a practice facility may be conducted pursuant to the following provisions of Part 3 of the CVBC Bylaws:

- section 3.11: during the initial accreditation process;
- sub-section 3.18(1): as directed by the Practice Facility Accreditation Committee (PFAC) at any time; or
- sub-section 3.4(4): on a schedule established by the registrar (“**Scheduled Inspection**”).

With respect to Scheduled Inspections, sub-section 3.4(4) of the Bylaws sets out the following:

*Every practice facility must...undergo an inspection on a schedule established by the registrar*

The Bylaws are silent on how the registrar establishes the inspection schedule contemplated in sub-section 3.4(4).

### **Objective:**

In accordance with the College’s overarching mandate to protect the public interest (*Veterinarians Act*, section 3) and in accordance with principles of fairness and proportionality, the registrar has established how Scheduled Inspections will be scheduled.

This policy sets out how the registrar establishes the Scheduled Inspections under sub-section 3.4(4) of the Bylaws.

## Policy:

1. Scheduled Inspections will be scheduled in accordance with **Appendix A**.
2. The Inspection Assessment Form referenced in Appendix A is found in **Appendix B**.
3. The policy contemplates four scheduling streams: I; II; III; and Newly Accredited (each a “**Scheduling Stream**”).
4. Accreditation of new practice facilities is addressed in Bylaws 3.10-3.17. Each new practice facility will be in the Newly Accredited Scheduling Stream until it has completed its first Scheduled Inspection.
5. Protection of the public interest shall be the paramount factor considered by the registrar in determining the placement of a practice facility in a Scheduling Stream.
6. In the event that a practice facility qualifies for placement in both Scheduling Stream I and Scheduling Stream II, Scheduling Stream I shall apply.
7. Where a practice facility is subject to a proceeding or decision under Bylaws 3.14 – Limited Accreditation; 3.18 – Inspections of Accredited Practice Facilities; or 3.19 – Reaccreditation Decision, the registrar may elect to forbear from placing the practice facility in a Scheduling Stream until such time that the registrar has reviewed and considered information arising or resulting from the proceeding or decision.
8. A “**completed inspection**” (reproduced from the *Committee Directed Practice Facility Inspections and Inspection Outcome Policy* (March 2025))
  - a. The extensions of time contemplated in paragraph 3.18(4)(c) may be granted by the PFAC in its sole discretion where it is satisfied that:
    - i. the delay is reasonable;
    - ii. the designated registrant is diligently resolving the deficiencies identified in the outcome form; and
    - iii. the deficiencies are not high-risk to the public.
  - b. If the outcome form contemplated in sub-section 3.18(3) discloses any deficiencies, the designated registrant may correct the deficiencies and deliver up to one submission in response evidencing the correction of the deficiencies, provided it is delivered within the time provided to the designated registrant to do so under paragraphs 3.18(4)(b) and (c).

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- c. An inspection is complete upon the earlier of:
  - i. when the inspector is of the view that the accreditation standards are met;
  - ii. upon receipt of the submission contemplated in paragraph b of section 7 of this policy; or
  - iii. expiry of the time provided to the designated registrant pursuant to paragraphs 3.18(4)(b) and (c) to correct deficiencies identified in the outcome form.
  
- d. Nothing in section 3.18 acts to derogate from an accredited practice facility's requirement to be compliant at all times with the accreditation standards. For the avoidance of doubt, it is neither the College's nor an inspector's role or obligation to assist a practice facility or designated registrant to become or remain compliant with the accreditation standards. The College or an inspector may provide resources or feedback, but the designated registrant remains exclusively responsible to ensure that the accreditation standards are met at all times.

## Appendix A

“Standards” means CVBC Bylaws Schedule “D” – Accreditation Standards

Scheduling Stream	Inspection Outcome	Inspection Schedule
<b>I</b>	<p><b><u>Final score of 2 or less</u></b> on the Inspection Assessment Form <b>or</b> a finding of any of the factors below:</p> <ul style="list-style-type: none"> <li>• Overall biosecurity issues based on lack of facility-wide cleanliness, including significant biosecurity concerns in more than one scope of practice area</li> <li>• Diversion of controlled drugs found since the previous Scheduled Inspection</li> </ul>	Next Scheduled Inspection in <b><u>two years</u></b> *
<b>II</b>	<p><b><u>Final score of 3 or greater</u></b> on the Inspection Assessment Form <b>or</b> if a final score of 6 or greater on the Inspection Assessment Form, a finding of significant biosecurity issues related to one scope of practice</p>	Next Scheduled Inspection in <b><u>five years</u></b> *
<b>III</b>	<p><b><u>Final score of 6 or greater</u></b> on the Inspection Assessment Form <b>and</b> at least the second consecutive Scheduled Inspection with a final score of 6 or greater on the Inspection Assessment Form <b>and</b> at least the second consecutive Scheduled Inspection without a finding of any of the inspection outcome factors identified for Streams I or II</p>	Next Scheduled Inspection in <b><u>seven years</u></b> *
<b>Newly Accredited</b>	For all new practice facilities that have not yet completed their first Scheduled Inspection	First Scheduled Inspection <b><u>two years</u></b> after accreditation**

\* Calculated from the date on which the Scheduled Inspection was completed. The DR must schedule the next Scheduled Inspection to be conducted within three months following the calculated date.

\*\* Calculated from the date on which accreditation was first granted under CVBC Bylaws section 3.12 – Initial Accreditation Decision. The DR must schedule the Scheduled Inspection to be conducted within three months following the calculated date.

## Appendix B

# Practice Facility Inspection Assessment Form - Scheduled

### Grading Tool (Start at score of 7)

“Standards” means CVBC Bylaws Schedule “D” – Accreditation Standards

Criteria	Action	
<b>Self-Assessment</b>	Submitted or not requested to be submitted prior to inspection by office/inspector	0
	Not submitted upon request of office/inspector prior to inspection, available at inspection	-2
	Not submitted as requested and not available at inspection	-3
<b>Length of time to resolve deficiencies</b>	No Part A Deficiencies, Declarative only required	+1
	By Deadline	0
	By 60 days	-1
	Greater than 60 days	-2
	Referral to PFAC*	-3
<b>Communication:</b>	Prompting not required	0
	Required some prompting	-1
	Required multiple promptings or non-responsive	-2
<b>Controlled Drugs Management</b>	Meets Standards at Inspection/Not accredited for controlled drugs	0
	Minor issues with CD management	-1
	Major issues with CD management	-2
<b>High-risk deficiencies**</b>	Per identified risk, remove one	0 if none
		-1 per risk
<b>Excess deficiencies</b>	Greater than 5 deficiencies total excluding those related to controlled drugs	-1
<b>Inspection Declarative Form</b>	Submitted unprompted/with one reminder by inspector	0
	Not submitted, or required inspector direction and resubmission	-1

\*Referral to PFAC excludes practices where alternate means of meeting standard are proposed and brought to PFAC for consideration

\*\*High risk: eg. major radiation safety deficiency or multiple minor ones, major biosecurity concerns, lack of equipment and/or drugs vital for urgent or emergency care, major deficit of equipment/supplies for a declared SOP