

# Guide to Facility Directors – Accreditation of Veterinary Facilities

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## Purpose

This document explains the need for facilities to demonstrate compliance with the Veterinarians Act, the regulations and the standards established by the College Council under section 8 of the Act. It outlines the process of applying for a Certificate of Accreditation.

## Scope

This document is relevant to a licensed member who currently operates a facility or is planning to open a veterinary facility in Ontario.

## Background

Accreditation of veterinary facilities is one of the core components of the College's regulatory functions and is an important part of the College's overarching quality practice program. The purpose of accreditation is to assure the public that veterinary facilities in Ontario support the provision of safe, quality veterinary care.

Over the past 30 years, the practice of veterinary medicine has evolved. In 2014, the College sought to renew the approach to facility standards and inspections. This was driven by new practice models and changing services to enhance access and care delivery, and an opportunity to generally enhance standards within veterinary facilities. The profession has also experienced shifts in the mixed practice model – in the past 30 years, species-specific practice has become the norm and now we are starting to see an increased interest in a mixed species model.



Based on work done by a diverse group of veterinarians who formed the Accreditation Models Task Force and the Expert Advisory Group a contemporary model for facility accreditation and a flexible and responsive inspection process have been developed.

The new accreditation model enables a flexible, and dynamic program that will meet the needs of facility accreditation, enhance accountability related to facilities, and inspire greater public confidence in how physical facilities are overseen. The new model permits a veterinarian to define the scope of services that is associated with the facility and meet those facility standards that are relevant to those services. This provides flexibility and reduces administrative burden as veterinary care and services evolve. With a continued focus on patient and public safety, an outcomes-based approach to the standards for veterinary facilities has been developed.



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## How does the new facility accreditation model work?

The Facility Director, who is a veterinarian, would demonstrate to the College how the facility meets the facility standards that apply to the veterinary services they provide. The new model recognizes that there may be numerous ways to meet the standard. For example, to meet the requirement for an electronic computer system to maintain an audit trail which must be in chronological order, there are several ways to meet it:

- a) *Some systems have an on/off feature for preserving the original content of electronic records.*
- b) *Other systems have a time-out feature or locking feature – this feature can be set so the system will time-out after a period of inactivity. The veterinarian must then sign back into the system to make the next entry.*
- c) *If a software system does not have auditing capabilities, then a correction to the record can be documented as an addendum with the date of the change, the initials/name of the person making the change, reference to the entry being modified and notation explaining the reason for the change.*

All facilities will be required to meet a set of Essential Standards that apply to all facilities, things like medical records, and infection control. Additional required standards will be specific to the veterinary services provided to animals, like surgery, and radiology.

Each facility pays an annual accreditation fee. The fee that a facility pays is related to the number of facility standards requiring inspection and accreditation and the length of the Certificate of Accreditation.

Facilities that meet all the standards at the time of inspection receive a five-year Certificate of Accreditation, meaning that the certificate will expire 5 years after it is issued. Those facilities that do not meet all the standards will have 30 days to demonstrate full compliance to receive a five-year Certificate of Accreditation. If there are still standards that are not met after 30 days, the Registrar may refuse to issue or renew the Certificate of Accreditation. If this happens, the facility director may request a referral to the Accreditation Committee for a decision on the Certificate of Accreditation.



## Authority of the Accreditation Committee

The Accreditation Committee is a statutory committee of the College (required by legislation) with the primary responsibility for deciding upon and directing the issuance of Certificates of Accreditation for those facilities that are referred to it by the Registrar. The Accreditation Committee may not pass a regulation, by-law or standard. The Accreditation Committee:

- May exempt an applicant or veterinary facility from compliance with any qualification, requirement or standard for a Certificate of Accreditation
- Determines the eligibility of applicants and facilities for Certificates of Accreditation that have been referred to the committee and after considering application for issuance or renewal of the Certificate of Accreditation, may direct the Registrar:
  - To issue or to renew the Certificate of Accreditation
  - To refuse to issue or to renew the Certificate of Accreditation
  - To issue or to renew the Certificate of Accreditation subject to the conditions and limitations the Accreditation Committee specifies
- Reviews existing policy and considers new policy items, as directed by Council, and makes recommendations for changes, additions, or updates to the Standards for Veterinary Facilities in Ontario
- Makes referrals to the Registrar over concerns about potential professional misconduct

## Health Professions Appeal and Review Board (HPARB)

The HPARB is an independent tribunal established by the provincial government whose function is to review decisions of statutory committees of all the regulated health professions in Ontario.

If the Facility Director is not satisfied with a decision of the Accreditation Committee, then they have 30 days from receipt of the decision to file an appeal with HPARB.

The powers of HPARB regarding certificates of accreditation are as follows:

- Confirm the proposed decision of the Accreditation Committee;
- Require the Accreditation Committee to direct the Registrar to issue or renew a certificate of accreditation; or
- Refer the matter back to the Accreditation Committee for further consideration and the Board may make recommendations.



## Role of the Facility Director

All accredited veterinary facilities are under the oversight of a licensed veterinarian who is a facility director. Facility directors are responsible for ensuring that veterinary facilities are operated in accordance with the facility standards set by the College Council.

The facility director may be an owner of the veterinary facility or a partner in the practice conducted in or from the facility, or a licensed veterinarian designated by the owner(s) or partner(s). The facility director must be engaged in the practice of veterinary medicine conducted in or from the facility. The Policy Statement – Facility Director – Accreditation has been developed to clarify the obligations and responsibilities of a facility director.

## Accreditation Standards for Veterinary Facilities

The standards for veterinary facilities in Ontario are established by the College Council under the authority of the *Veterinarians Act*, Section 8. The purpose of the accreditation standards is to assure the public that veterinary facilities in Ontario support the provision of safe, quality veterinary care.

An Expert Advisory Group, comprised of veterinarians and established by Council, drafted the new accreditation standards. The standards underwent a rigorous review process that included the Accreditation Committee, College Council, a pilot, and two consultations.

A veterinary facility needs to meet and maintain a set of Essential Standards, and Additional Scope of Practice Services standards selected by the Facility Director that reflect the scope of the services provided at that facility.

A veterinary facility is required to maintain the standards for a Certificate of Accreditation between inspections, and the Facility Director of each facility undertakes to assure the facility maintains all requirements.

### Essential Standards:

All facilities are required to meet the Essential Standards (ES). If there are exceptions these are clearly written in the standards.

Facility Services and Equipment	Medical Records
Safety Management	Professional Reference Sources



Professional Practice	Pharmaceutical Management
Biosecurity and Biomedical Waste Management	

### Additional Scope of Practice Services:

These are standards that apply to a facility based on the scope of services they provide. These are selected by the Facility Director. If an Additional Scope of Practice Service (ASPS) does not apply to their scope of services, they do not select it for accreditation. If a service in the list does not specifically state the species type, it is assumed that it applies to all species. If you do not see a service in the list, it does not currently have a standard for accreditation.

In-Facility Anesthesia for All Species and Surgical Mobile for Companion Animals (Anesthesia)	Mobile for Large Animal Ambulatory Anesthesia
Chemotherapy	Critical Care
Equine Dentistry	Companion Animal Dentistry
Diagnostic Laboratory Services	Embryo Transfer
Hospitalization and Confinement	Isolation Facilities
Laser Therapy	Mobile
Other Imaging	Radiology
Rehabilitation Therapy	In-Facility Surgical Suite for All Species
Mobile for Large Animal Ambulatory Surgery	Surgical Mobile for Companion Animals (Surgery)
Ultrasound Imaging	

When the facility is assessed by the veterinarian inspector, it will be determined whether the facility is compliant with the requirement in the standard (Yes), non-compliant with the requirement (No), or whether the requirement is not applicable (N/A) based on their scope of practice.

The focus of the standards is on the ends, rather than the means. An outcomes-based approach to the standards is about finding a balance: excessive detail increases the risk that the standards will quickly



become outdated as new ways of achieving the desired outcomes are recognized; overly general language risks uncertainty about what counts as compliance. Where there is rationale for providing more specificity, this is added to the requirements in the standard.

The Facility Director is encouraged to interpret the requirements in the standards and determine the appropriateness of the processes, facilities, or equipment that they have in place to meet them. In the Accreditation Standards for Veterinary Facilities in Ontario, guidelines are provided for many of the requirements and these act as a guide to Facility Directors on how to comply. **Guidelines should not be interpreted as a requirement.** Facility Directors may show the inspector alternate and appropriate processes, equipment, or facilities to meet the requirement. Flexibility can be applied, and alternate approaches must be supported by adequate justification. The veterinarian inspector will engage in a conversation with the Facility Director to determine if the requirement is being met.

## New Accreditation Fee Schedule

The accreditation inspection fees are set out in the College's By-laws. An annual fee model was proposed by the Accreditation Models Task Force in their recommendations to Council on a cost-effective, contemporary model for facility accreditation; that is, a fee will be paid per facility on an annual (yearly) basis.

Other fees include a late annual fee penalty, new facility inspection fee, incomplete inspection fee, cancellation and re-scheduling fee, and failure to notify fee. There is also a fee if a facility is subject to an unannounced inspection. If the Registrar is informed of a serious concern about a veterinary facility not meeting the standards, the College may conduct an unannounced inspection under the Registrar's authority in accordance with Section 50 of Ontario Regulation 1093. This only occurs in rare and severe circumstances. The Accreditation Committee may also place a condition on a Certificate of Accreditation for unannounced inspections. Again, this occurs in rare circumstances where the Committee believes it is in the public interest to monitor for continued compliance with the accreditation standards.

The annual fee that is paid reflects the scope of services offered from the facility as a whole. The annual accreditation fee is based on the number of Additional Scope of Practice Services that need to be accredited. When a Facility Director applies for renewal of their Certificate of Accreditation before it expires, there will no longer be a facility inspection fee paid at the time of the inspection.

When the certificate of accreditation is issued or renewed for a facility, it expires 5 years after it is issued, unless the Registrar issues or renews the certificate on condition that it expires at an earlier





date. Facilities that meet all the standards at the time of inspection receive a five-year Certificate of Accreditation. Those facilities that do not meet all the standards have 30 days to demonstrate full compliance to receive a five-year Certificate of Accreditation. If there are still standards that are not met after 30 days, the Registrar may refuse to issue or renew the Certificate of Accreditation. If this happens, the facility director may request a referral to the Accreditation Committee for a decision on the Certificate of Accreditation. If the Accreditation Committee decides to place a condition on the Certificate of Accreditation that it expires at an earlier date, there is an increased annual fee for facilities whose certificate expires earlier than 5 years.

### **How does a Facility Director define the scope of services of their facility?**

The scope of services delivered by the practice includes the species that are treated and the type of services that are provided. It also includes the facility's physical location, such as a hospital or office, and/or a mobile unit that goes to the location of the animal(s) or group of animals.

For facilities that are strictly mobiles, a mobile unit has a stationary element called a base unit. The base unit is a space for secure storage of equipment, supplies, pharmaceuticals, and medical records for the mobile unit. The space may be in a hospital, office, a personal residence of the practice owner and/or facility director, or another approved location.

### **How does a Facility Director know what standards apply to their facility for accreditation?**

All facilities are required to meet the Essential Standards (ES). If there are exceptions to requirements these are clearly written in the standards.

To determine which Additional Scope of Practice Services (ASPS) apply to your facility, write down all the services you provide from your facility – this may be listed on your website.

Review the list of Additional Scope of Practice Services (ASPS) and check those that match your services. There may be ASPS on the list that do apply to your facility that you may not have written down. It is important to check the ASPS list to make sure you don't miss selecting a service you provide. For example, do you hospitalize and isolate infectious disease cases? Then you must select Isolation Facilities. Do you provide house call services? Then you must select Mobile.

If the ASPS does not identify a specific species, then it is applicable to all species. Some ASPS indicate a specific species, such as companion animal or large animal. In that case, pick the service that applies to the species you are treating at your facility.



### **Example One:**

Equine Mobile: providing diagnostic laboratory services, radiology, ultrasound, dentistry, surgery, emergency care and reproduction services.

Must comply with: Essential Standards

Plus **7** Additional Scope of Practice Services:

- Anesthesia
  - Mobile for Large Animal Ambulatory Anesthesia
- Surgery
  - Mobile for Large Animal Ambulatory Surgery
- Radiology
- Diagnostic laboratory services
- Dentistry
  - Equine dentistry
- Ultrasound imaging
- Mobile

Annual Fee for a 5-year Certificate of Accreditation: \$145

### **Example Two:**

Companion Animal Hospital: Serving dogs, cats, and small mammals: providing wellness, medical and emergency care, in-house and referral diagnostic laboratory services and radiology, ultrasound, anesthesia, surgery, dentistry, in-hospital care, and house call services.

Must comply with: Essential Standards

Plus **9** Additional Scope of Practice Services:

- Anesthesia
  - In-Facility Anesthesia for All Species
- Surgery
  - In-Facility Surgical Suite for All Species
- Radiology
- Diagnostic laboratory services



- Hospitalization and Confinement
- Isolation facilities
- Dentistry
  - Companion animal dentistry
- Ultrasound imaging
- Mobile

Annual Fee for a 5-year Certificate of Accreditation: \$145

## Inspections

In addition to renewing the Certificate of Accreditation, an inspection is needed for:

- Relocation of the facility
- Change in the type of species treated in or from the facility (adding a species that is outside the species type they are accredited to treat)
- Change in the scope of veterinary services offered in or from the facility (adding an Additional Scope of Practice Service)
- New facility

### Application to issue or renew a certificate of accreditation

For the College to issue or renew a certificate of accreditation, the Facility Director must submit an application to the College. Application forms are found in the Professional Practice Portal. Select the form that applies to the reason for application.

### Prepare for Inspection

Inspection checklists specific to the Essential Standards and Additional Scope of Practice Services that reflect the services you provide are available for review. Using the checklists can be helpful for conducting a mock inspection prior to the College's inspection. These are available on the College's website.

The checklists list all the requirements for each standard. As you review each requirement, make notes in the space provided to explain or describe how your facility is in compliance with each requirement.



## What to expect on inspection day and afterwards

During the inspection, your inspector assesses the facility for compliance with the standards, recognizes what your facility does well, and may offer suggestions on opportunities for improvement if applicable.

The inspection will take approximately 2.5 hours to complete. You do not need to close your facility, change appointments, or operate your facility any differently.

During the inspection, the Facility Director will accompany the inspector during the on-site visit, answer questions, and be the main contact person. Other members of your team involved in accreditation may attend as well. And at the end of the inspection, the Facility Director and inspector will discuss the outcome of the visit. You do not need to pull medical records before the inspection. Your inspector will decide on the day of your inspection what cases and medical records they will need to review. This may include surgical, dental, inpatient, etc. They will likely request medical records from each veterinarian.

If your inspection notes full compliance with the standards, the Certificate of Accreditation will be issued for a 5-year term and mailed to you. If there are standards that are not met, you will receive an inspection report and be provided with 30 days from the date of the inspection to provide evidence of compliance with the requirement(s).

## Opening a New Facility

Owners can name their facility as they wish if it is in accordance with the advertising regulations which are outlined in the Professional Practice Standard - Advertising.

The facility name needs to comply with the following rules:

1. It must be factual, accurate and verifiable.
2. It must not,
  - Be false, misleading, or deceptive by the inclusion or omission of words,
  - Contain any comparative or superlative words, or
  - Contain any endorsement or promotion of drugs or third-party service providers.
3. It must not reasonably be regarded by members as likely to demean the integrity or dignity of the profession or to bring the profession into disrepute.



4. It shall not contain a term, title or designation which indicates specialization in veterinary medicine or represents to the public that the member is a specialist or is specially qualified in a branch of veterinary medicine, unless the member is qualified in that specialization.

For additional information please refer to the [Professional Practice Standard - Advertising](#)

Log into the Professional Practice Portal and complete and submit the form called Opening a New Practice – Inspection Application.

When opening a new facility, there is an associated fee for the initial inspection. Once opened, the Facility Director must pay the annual accreditation fee, which is due each year on November 30<sup>th</sup> for the following year.

### **What to expect on inspection day**

In the interest of public safety, the inspector, on the date of the inspection of your new facility, will ensure that your facility meets:

- The applicable requirements as outlined in the Accreditation Standards for Veterinary Facilities in Ontario pertinent to your facility;
- The medical records portion of the facility standard by confirming that you have in place record templates, pharmaceutical registers, and applicable logs. Link to [sample documents](#); and
- If applicable, the municipality has granted you occupancy and issued an occupancy permit.

If the inspector arrives for the inspection, and it is evident that the facility is not ready to be inspected or be permitted to open as a result of not meeting the standards, you will incur a fee for a second inspection. Please note that inspectors schedule inspections based on geography and may only be in your region infrequently. The inspector will attempt to reschedule as soon as possible; however, scheduling conflicts may arise.

### **What happens after the inspection is complete?**

1. An inspection report will be emailed to the Facility Director.
2. If the facility meets the standards, the Facility Director will sign an Acknowledgement and Undertaking and will be provided with a Temporary Waiver of Enforcement, permitting the facility to open.
3. Any standards not met during the inspection will be outlined in the report and instructions on how to submit evidence of compliance will be included. The Facility Director has 30 days to submit evidence of compliance with the standards.



4. In 90-120 days, the inspector will return to check the medical records.
5. If the medical records check is satisfactory, the certificate of accreditation will be issued for a 5-year term.

## **Resources**

[Accreditation Standards for Veterinary Facilities in Ontario.](#)