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ASSOCIATION OF
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OAVT Briefing Note: RVTs Offering Direct-Access Services
December 18, 2024

A. Introduction

The OAVT welcomes the opportunity to continue to support the important work of the Transition Council in drafting regulation concepts that ensure both access to quality care and the robust oversight of veterinary medicine. The purpose of this briefing note is to provide assistance to the Transition Council as it considers how to integrate oversight of the services offered by independent direct-access RVT-owned and operated businesses. This document complements OAVT's briefing note dated September 10, 2024, enclosed again for your reference as Appendix B.

The intent of the *Veterinary Professionals Act, 2024* ("VPA") is to increase access to animal care while ensuring the appropriate regulatory oversight of services. As the Transition Council is aware, section 22 of the VPA only permits veterinarian members of the College to apply for a certificate of accreditation. To ensure access to care, the OAVT is proposing an exemption to accreditation requirements in the regulations for direct-access RVT-owned and operated businesses.

The OAVT is also proposing oversight mechanisms. For mobile and standalone RVT businesses, the OAVT proposes that regulatory oversight can be maintained through quality assurance program assessments, and other requirements aligned with, and comparable to the standards established for accredited veterinary facilities.

B. Core Principles

The OAVT's proposed regulatory solution for direct-access RVT-owned and operated businesses is premised on two fundamental principles. Firstly, that a veterinary technician can establish a Veterinary-Professional-Client-Patient Relationship or VCPR, and secondly, that standards, including standards of accreditation, can be imposed by the College on its members outside of an accredited veterinary facility. These principles are explained further below:



1. Veterinary-Professional-Client-Patient Relationship (“VCPR”):

- The *Veterinarians Act* (“VA”) only regulates veterinarians and the veterinary facilities they operate. As veterinary technicians are not included within that framework, their businesses remain in the public domain. As a result, section 18 of Regulation 1093 to the VA only governed the establishment of an agreement between a veterinarian and a client to provide services, which was also known as a veterinarian-client-patient relationship or VCPR.
- With the passage of the VPA and the elimination of an exclusive scope of practice model, the **veterinarian**-client-patient relationship must, too, evolve and become a **veterinary-professional**-client-patient relationship.
 - The “practice of veterinary medicine” has been redefined to include all authorized activities in Schedule 1 as the practice of veterinary medicine. Further, only members of the College are permitted to carry out these authorized activities while engaged in the practice of veterinary medicine.
 - The VPA recognizes veterinarians **and** veterinary technicians as licensed members of the College. As such, both groups of professionals are permitted to engage in the practice of veterinary medicine. This change makes it pertinent and necessary to expand the VCPR and capture both licensed veterinary professionals to ensure the accountability and accessibility of veterinary medicine.
- The extension of the VCPR to include both veterinary professionals allow veterinary technicians to establish an agreement with clients and enables them to provide care limited to the scope of their authorized activities.
 - There are no barriers or increased public risk with this approach. If an animal is in need of care that extends beyond the authorized scope of activities permitted by a veterinary technician, that veterinary technician has a professional obligation to refer the client to a veterinarian member with a broader scope of authorized activities. A generalist veterinarian applies this same approach when referring clients to a specialist for care and/or services outside of their own sphere of competence.
 - Moreover, a VCPR with a veterinary technician would not prevent a member of the public from entering into a parallel VCPR with a veterinarian who offers a different scope of services, including the availability of after-hours care.



2. **Standards can be imposed Outside of an Accredited Veterinary Facility:**

- The OAVT recognizes and appreciates the critical importance of ensuring that facilities engaged in veterinary medicine meet certain standards, and veterinary technicians welcome the professionalization of their services.
- The VPA enables the Transition Council to make regulations that will set these standards, including those governing:
 - the circumstances under which veterinary technicians can carry out specific authorized activities (s. 93(1)(7)(iii)),
 - terms, conditions and limitations on a class or subclass of licenses (s. 93(1)(14)),
 - the standards of practice of veterinary medicine (s. 93(1)(23)); and
 - a quality assurance program (s. 93(1)(34)).
- Through these regulations, direct-access RVT businesses can be made subject to both facility standards and quality assurance assessments, even if they are not accredited facilities.
 - This is not unusual in the context of human health care. As noted in our previous briefing note, there are many healthcare settings where standards of practice are met without there being a formal accreditation requirement.

C. Integration of RVTs providing Direct-Access Services

In alignment with the VPA's goal of supporting the health and well-being of animals in Ontario by creating conditions to increase access to care while simultaneously improving the oversight of the veterinary profession in the public interest, the following is the OAVT's proposal for integrating direct-access RVT-owned and operated businesses:

- Current Approach under the VA:
 - RVT mobile and standalone businesses are not considered to be providing veterinary medicine and are not required to be accredited.
- Proposed Approach under the VPA – Regulatory Exemption with Requirements to Maintain Accreditation Standards and be Subject to Oversight through Quality Assurance:



- The OAVT proposes an exemption in the regulations to allow veterinary technicians who own and operate direct-access businesses to perform specified authorized activities through these mobile or standalone facilities.
 - To ensure a high level of care, RVTs who qualify for this exemption will be subject to routine quality assurance assessments to ensure these standards are met.
- Criteria for this Regulatory Exemption:
 - The veterinary technician must be contracted by the owner or custodian of the animal to perform specified authorized activities;
 - The facility (mobile or standalone) must meet the applicable standards of accreditation;
 - When provided, the veterinary technician must follow a treatment plan made by a veterinarian;
 - If a patient is referred to the veterinary technician by a veterinarian or other licensed professional, the veterinary technician must provide a report of the services delivered to the referring professional;
 - The veterinary technician must act and provide services in accordance with their scope of authorized activities;
 - The veterinary technician must inform clients that they are not permitted to perform acts outside their scope of authorized activities and must refer patients when requested;
 - The veterinary technician must meet all standards of practice; and
 - The veterinary technician must participate in regular practice assessments through the College's quality assurance program.
- Mechanism under VPA:
 - The Transition Council has the authority to exempt veterinary technicians operating businesses that offer these services from the accreditation requirement in s. 22 of the VPA on conditions, through the following provisions of the VPA:
 - Section 9 (2) – a member may only carry out an authorized activity while engaged in the practice of veterinary medicine and subject to any



prescribed conditions or prohibitions and any terms, conditions or limitations imposed on their licence.

- Section 93 (1) (7) (iii) – regulation making power permitting or prohibiting veterinary technician members or classes of veterinarian members from carrying out specified authorized activities and governing the circumstances in which those activities may or shall not be carried out.
- The Transition Council has the authority to set specific quality assurance requirements for veterinary technicians operating businesses that offer these services through the following provisions of the VPA:
 - Section 93 (1) (34) – regulation making power prescribing and governing standards of practice
 - Section 93 (1) (34) – regulation making power establishing a quality assurance program.
- Benefits:
 - The proposed approach supports access to professional care for animals.
 - The public will continue to have direct access to services from RVTs, including services in which RVTs have been a leader in the provision of care.
 - *Many veterinarians refer clients to RVTs offering these services, recognizing them as industry experts. Without this regulatory exemption, these services would be in contravention of the VPA and may no longer be accessible to the public, reducing access to care and imposing additional burden on veterinarians to make up for the loss of services.*
 - Veterinary technicians will be permitted to use titles and to advertise the availability of their services directly to the public or other professionals.
 - The proposed approach supports regulatory oversight by the College in the public interest.
 - The oversight of licensure will be maintained over these services.



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- Unlicensed persons are permitted to perform many of these services pursuant to Schedule 1 of the VPA. Without the proposed exemption, there is a risk that RVT businesses may close, resulting in a shift where services are no longer being provided by RVTs but rather by unlicensed and unregulated persons. This may also have the unintentional consequence of encouraging RVTs not to seek licensure with the College to ensure they can continue operating their business.
 - While these facilities will not be accredited, they will be held to the standards of accreditation, ensuring safe and high-quality care.
 - There will be continuity of service through medical record-keeping requirements and referral requirements.
 - There will be an established VCPR that ensures the availability of after-hours care.
 - Quality of care can be ensured through the College's mandatory quality assurance program.
- The proposed approach supports greater accountability and increases transparency as the public will be informed about the limits to the RVT's scope of authorized activities.



D. Appendix A – Legislative Provisions Referenced

Veterinary Professionals Act, 2024, S.O. 2024, c. 15, Sched. 1

Application

22 A veterinarian member who wishes to receive or renew a certificate of accreditation shall apply to the Registrar in accordance with the regulations.

93 (1) Subject to the approval of the Lieutenant Governor in Council, the Council may make regulations,

7. with respect to authorized activities,

[...]

iii. permitting or prohibiting veterinary technician members or classes of veterinarian members from carrying out specified authorized activities and governing the circumstances in which those activities may or shall not be carried out, [...]

8. prescribing exceptions for the purpose of section 10 or 11 or limiting or clarifying the exceptions set out in sections 2 and 3 of Schedule 1;

9. exempting classes of persons from any provision of section 9, 11, 12 or 13 or limiting, clarifying or governing the extent to which any provision of section 9, 11, 12 or 13 applies to a class of persons;

[...]

14. prescribing and governing terms, conditions and limitations that are required to be imposed on licences or classes or subclasses of licences;

[...]

23. prescribing and governing standards of practice of veterinary medicine and standards for veterinary facilities, including respecting standards for the use of technology in the practice of veterinary medicine, when technologies may be used and the manner and circumstances in which they may be used;

[...]

34. establishing and governing a quality assurance program for the purposes of section 32 and setting out qualifications for assessors appointed as part of a program;

[...]

Schedule 1

[....]

Exceptions

2 The following are exceptions for the purposes of sections 10 and 11 of the Act:

1. Rendering first aid or temporary assistance in an emergency without fee.

2. Treating an animal if the person is the owner of the animal, is a member of the household of the owner of the animal or is employed for general agricultural or domestic work by the owner of the animal.

3. The administration of a treatment plan by a custodian of an animal if the treatment plan is made by a veterinarian member and carried out at the direction of the owner.

4. Taking blood samples.

5. Preventing or treating fish and invertebrate diseases or pests in fish or invertebrates.

6. Such other exceptions as may be prescribed.



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Appendix B – Briefing Note: Regulatory Considerations to allow existing RVT Businesses to Operate under College Oversight (September 10, 2024).

Regulatory Considerations to Allow Existing RVT Businesses to Operate under College Oversight

1 Overview

Registered Veterinary Technicians (“RVTs”) are veterinary professionals who both support and extend the services offered by veterinarians. While the majority of RVTs are employed by veterinarians, a growing number of RVTs currently operate independent businesses and provide both conventional and non-conventional therapies¹. For this document, the terms “mobile” and “rehabilitation therapy” reflect a subset of facility accreditation standards outlined by the College of Veterinarians of Ontario.² Independent RVT businesses operate in collaboration with veterinarians, following veterinarian-prescribed treatment plans and administering prescribed medications among other duties, all of which fall within an RVT’s sphere of competence. These businesses meet public demand for animal care that is otherwise challenging to access, reducing pressure on the already strained veterinary sector.

Under the previous regulatory framework, these RVT businesses have been permitted to operate independently of accredited veterinary facilities, as their services were deemed in the public domain.³ However, the new *Veterinary Professionals Act, 2024* (the “Act”)⁴ defines many of these services as authorized activities within the practice of veterinary medicine and requires such services to be provided within

¹ CVO Position Statement *Use of Non-Conventional Therapies in the Practice of Veterinary Medicine* online: <https://www.cvo.org/getmedia/2d57ae27-e081-4bee-acee-bb7027a4fe94/Use-of-Non-Conventional-Therapies-in-the-Practice-of-Veterinary-Medicine.pdf>

² CVO Accreditation Standards for Veterinary Facilities in Ontario online: <https://www.cvo.org/getmedia/51596a6e-548a-4fb7-8903-3bc23b02e615/Accreditation-Standards-for-Veterinary-Facilities-in-Ontario.pdf>

³ *Veterinarians Act*, R.S.O. 1990, c. V.3, ss. 1, 15, 17.

⁴ *Veterinary Professionals Act, 2024*, S.O. 2024, c. 15, Sched. 1.



accredited facilities held by veterinarians, effectively preventing RVTs from operating independent businesses. At the same time, the *Act* sets out exceptions that allow not only other regulated professionals such as chiropractors and pharmacists, but also members of the public, to provide such services.⁵ While the *Act* aims to increase access to animal care and oversight for all veterinary professionals, it may have the unintended consequence of both preventing RVTs from providing care and shuttering independent RVT businesses. Regulations are needed to enable independent RVT businesses to continue to operate with appropriate oversight so that the public retains access to these much needed animal care services.

The Transition Council (the “Council”) is tasked with developing regulations under the *Act*, including those which permit or prohibit RVTs from carrying out specified authorized activities under certain circumstances.⁶ The Ontario Association of Veterinary Technicians (the “OAVT”) urges the Council to develop regulations to allow RVT businesses to operate with appropriate oversight by the College, and as necessary, in coordination with veterinarians. In the absence of such regulations, existing RVT businesses may close, and these activities may enter the public domain, undermining the purpose of the *Act* of providing increased access to regulated care. Alternatively, animal owners would need to seek these services from veterinarians who are already overburdened, adding additional pressure to an overwhelmed system and further delaying access to professional care.

To be clear, the purpose of these requested regulations would not be to remove independent RVT businesses from regulatory oversight. The OAVT has long supported the modernized legislation and advocated for moving to an authorized activity and team-based model of care that recognizes RVTs as regulated professionals. In practice,

⁵ *Veterinary Professionals Act, 2024*, [S.O. 2024, c. 15, Sched. 1](#), ss. 9 (3) and (5), Schedule 1, s. 2.

⁶ *Veterinary Professionals Act, 2024*, [S.O. 2024, c. 15, Sched. 1](#), ss. 93(7), 100(4).



existing independent RVT businesses accept referrals from veterinarians, implement treatment plans created by veterinarians, and communicate with veterinarians about shared clients. The OAVT welcomes the opportunity to formalize these and other oversight mechanisms for RVT businesses in the interest of public protection, animal welfare and efficient care delivered by regulated professionals.

Below, we review existing independent RVT business models. We then outline the unintended detrimental effect the *Act* has on these businesses. In response, we propose developing regulations that exempt independent RVT businesses from facility accreditation on certain conditions and provide for oversight of such businesses. In support of this proposal, we point to examples of other allied health professionals operating independently, and existing facility accreditation exemptions offered by the current veterinary regulator.

2 Existing Independent RVT Businesses

Independent RVT businesses are located all over Ontario, including in and around North Bay, Barrie, London, Bancroft, and Kitchener, among other locations, and offer critical services in rural and remote areas where there is limited or no access to a veterinarian. These businesses offer mobile and rehabilitation therapy services that complement or extend services offered by accredited veterinary facilities and contribute to broadening the spectrum of care options supported and encouraged by the Council.⁷ They operate in consultation and collaboration with veterinarians, who provide them with referrals and communicate with them regarding shared clients.

⁷ CVO Position Statement *Balancing Available Health Care Options and Client Access to Veterinary Care* online: <https://www.cvo.org/standards/balancing-available-health-care-options-and-client-access-to-veterinary-care>



Independent RVT businesses are viewed by both veterinarians and members of the public as meeting an otherwise unmet need in the community. These businesses are working well to provide this much-needed animal care. Since 2020, the OAVT has received only 18 complaints about RVTs. Only one of these complaints was concerning an RVT operating independently, and that complaint was not in relation to any of the authorized activities of the practice of veterinary medicine. This low incidence of complaints suggests the self-imposed safeguards presently adopted by RVTs sufficiently meet safety needs and professional standards.

a Mobile Services

RVTs who offer mobile services are approached by animal owners who have been provided with a treatment plan by a veterinarian and require assistance carrying out the prescribed directions. Alternatively, veterinarians contact and facilitate RVT mobile services on behalf of the client.

There are a variety of reasons that these animal owners and veterinarians seek out independent RVT mobile services. For example, animal owners may not be comfortable administering medications. Or they may want to ensure the safety of the animal and themselves and may be unable to do so without qualified help. Scheduling challenges, mobility issues (for the owner or animal), or financial constraints may also prevent the owner from seeking services at an accredited veterinary facility. Additionally, some tests, such as non-invasive blood pressure, are more accurate when obtained at home in a low-stress environment leading to more consistent and reliable results and improving the long-term monitoring and management of chronic health conditions.



Mobile services involve the performance of RVT essential competencies⁸ and are relatively low-risk. They include the following examples:

- Medication administration;
- Monitoring of health parameters;
- Blood and sample collection;
- Subcutaneous fluid administration; and
- Physical examination.

b Rehabilitation Therapy

RVTs also offer rehabilitation and integrative therapies⁹ including, but not limited to the following:

- Laser;
- Electrical nerve stimulation; and
- Therapeutic ultrasound.

Both mobile and rehabilitation therapy services include activities that will remain in the public domain, such as grooming, post-operative mobility and range of motion exercises, hydrotherapy, massage, taping, thermotherapy, cryotherapy, and physical exercises.

⁸ OAVT *Objects, By-Laws, Code of Ethics of the Ontario Association of Veterinary Technicians*, online: <https://staging.oavt.org/wp-content/uploads/2023/03/2023-02-26-By-Laws.pdf>

⁹ CVO Position Statement *Use of Non-Conventional Therapies in the Practice of Veterinary Medicine* online: <https://www.cvo.org/getmedia/2d57ae27-e081-4bee-acee-bb7027a4fe94/Use-of-Non-Conventional-Therapies-in-the-Practice-of-Veterinary-Medicine.pdf>



3 The Veterinary Professionals Act, 2024 and its Effect on Access to Care via Existing RVT Businesses

a Purpose of the Act is to Increase Access to and Oversight of Animal Care

The new legislative scheme seeks to increase access to and oversight of animal care by better defining the scope of practice for veterinary professionals, including both veterinarians and veterinary technicians. This is reflected in the preamble to the enabling legislation, which "recognizes the importance of access to professional care for animals in Ontario" and seeks to create "conditions to increase access to care for animals," while "improving oversight of the veterinary profession in the public interest."¹⁰ It is also reflected in the objects of the new regulator, the College of Veterinary Professionals of Ontario (the "College"). The College is not only mandated to regulate members in the public interest; it is also tasked with working with government and animal care providers towards "better access to animal health care in Ontario."¹¹

b Effect of Act on Existing RVT Businesses May Defeat Its Purpose

Within the previous regulatory framework under the *Veterinarians Act*,¹² RVTs were permitted to operate independent businesses because those services were either not considered to be the "practice of veterinary medicine" or were permitted by exception. The "practice of veterinary medicine" was defined in the *Veterinarians Act* as including the "practice of dentistry, obstetrics including ova and embryo transfer, and surgery, in relation to an animal other than a human being."¹³ The independent services offered by RVTs were deemed to be in the public domain. As such, while the practice of

¹⁰ Bill 171, *Enhancing Professional Care for Animals Act, 2024*, [S.O. 2024, c. 15](#)

¹¹ *Veterinary Professionals Act, 2024*, [S.O. 2024, c. 15, Sched. 1](#), s. 3.

¹² *Veterinarians Act*, [R.S.O. 1990, c. V.3](#).

¹³ *Veterinarians Act*, [R.S.O. 1990, c. V.3](#), s. 1.



veterinary medicine could only be provided at an accredited veterinary facility held by a veterinarian,¹⁴ RVTs were able to operate businesses independently.

As part of its efforts to modernize the regulation of the veterinary profession, the *Act* has expanded the definition of veterinary medicine to include a list of authorized activities.¹⁵ These activities include acts within an RVT's sphere of competence that many RVTs have been carrying out independently.¹⁶

The *Act* continues to require that the practice of veterinary medicine be provided at a veterinary facility.¹⁷ It also maintains the requirement that only veterinarians may apply for a veterinary facility to be accredited.¹⁸ This means that without an exemption from accreditation in the regulations or other alternative mechanisms, RVTs will no longer be able to operate their existing independent mobile and rehabilitative therapy businesses.

While excluding RVTs from performing authorized activities outside of an accredited veterinary facility, the *Act* sets out exceptions that allow unregulated persons to carry out many of these authorized activities independently, including if the person is employed by the owner or is the custodian of the animal under certain circumstances.¹⁹ For example, under the *Act* an animal owner may solicit an unregulated individual to perform an authorized activity, however, this is not the case with an RVT. Should an RVT perform that same authorized activity at the request of the animal owner, they are at risk of losing their license to practice for acting in contravention of the *Act*. This could

¹⁴ *Veterinarians Act*, [R.S.O. 1990, c. V.3](#), ss. 1, 15, 17.

¹⁵ *Veterinary Professionals Act, 2024*, [S.O. 2024, c. 15, Sched. 1](#), Schedule 1.

¹⁶ *Veterinary Professionals Act, 2024*, [S.O. 2024, c. 15, Sched. 1](#), Schedule 1, ss. 1 (1), (2), (6), (10), (11), (12), (13)(i), (vi), and (vii).

¹⁷ *Veterinary Professionals Act, 2024*, [S.O. 2024, c. 15, Sched. 1](#), ss. 1, 9, 21.

¹⁸ *Veterinary Professionals Act, 2024*, [S.O. 2024, c. 15, Sched. 1](#), s. 22.

¹⁹ *Veterinary Professionals Act, 2024*, [S.O. 2024, c. 15, Sched. 1](#), ss. 9 (3) and (5), Schedule 1, s. 2.



mean that a farmer who employs an RVT would not be able to utilize them to the full extent of their scope and instead have to seek necessary medical care from someone without formal education or training, putting the health of the animals and people at greater risk.

Without developing regulations to allow independent RVT businesses to continue, the new legislative scheme could have the unintended consequence of undermining its own goals by forcing independent RVT businesses to close, while allowing authorized activities to be offered by unregulated persons.

4 Need: Regulations Exempting RVT Businesses from Accreditation, While Providing for Oversight

To prevent the disruption of access to animal care, the Council should develop regulations that enable RVTs to initiate a subset of activities which the *Act* grants them the authority to perform under specified conditions. The OAVT appreciates the need to ensure that independent RVT businesses are under the purview of the College and is confident conditions can be crafted to ensure oversight of the veterinary profession in the public interest is met. Options to achieve this mandate may include providing for an exemption from facility accreditation, administering inspections through Quality Assurance, including record-keeping requirements, and coordinated care between RVTs and veterinarians. For example, by referral, or following a treatment plan provided to an owner by a veterinarian. Prioritizing public protection while permitting RVT independent business models is achievable.

5 Precedents for Independent Practice

There is precedent for allied health professionals operating independently within their scope of practice in Ontario. Examples include but are not limited to:



- Nurses who require an order or delegation from physicians for many controlled acts²⁰, are permitted to operate independent nursing businesses;²¹
- Dental hygienists may only perform certain authorized acts if ordered by a dentist.²², are authorized to practice dental hygiene independently;²³
- Social workers and psychotherapists are not permitted to provide a diagnosis of a mental health condition or disorder,²⁴ but may provide psychotherapy services independently,²⁵ provided they meet certain educational and experience requirements.²⁶
- Dental technologists require a prescription issued by a dentist²⁷ to design, construct, repair or alter a dental prosthetic, restorative, and orthodontic device,²⁸ are entitled to independently supervise dental technology laboratories.²⁹

Under the current regulatory framework, the College of Veterinarians of Ontario has developed a mechanism to allow for temporary exemptions from accreditation for a

²⁰ College of Nurses of Ontario (CNO), *Practice Standard: Scope of Practice*, online: <https://www.cno.org/globalassets/docs/prac/49041-scope-of-practice.pdf>

²¹ CNO, *Practice Guideline: Independent Practice*, online: https://www.cno.org/globalassets/docs/prac/41011_fsindepprac.pdf.

²² See e.g. s. 5(2) *Dental Hygiene Act, 1991*, S.O. 1991, c.22, online: [Dental Hygiene Act, 1991, S.O. 1991, c. 22 \(ontario.ca\)](https://www.ontario.ca/laws/regulation/r17570).

²³ CDHO, "CDHO Council Rescinds Standard for Authorization to Self-Initiate," online: <https://cdho.org/cdho-council-rescinds-standard-for-authorization/>

²⁴ *Psychology and Applied Behaviour Analysis Act, 2021*, [SO 2021, c. 27, Sched.4](https://www.ontario.ca/laws/regulation/r21001), online: ss. 3-4; *Regulated Health Professions Act, 1991*, [S.O. 1991, c.18](https://www.ontario.ca/laws/regulation/r17570) ("RHPA"), s. 27(2).

²⁵ See RHPA, s. 33.1, and O. Reg 570/17: <https://www.ontario.ca/laws/regulation/r17570>; *Psychotherapy Act, 2007*, [SO 2007, c. 10, Sched R](https://www.ontario.ca/laws/regulation/r17570), ss. 3 and 8.

²⁶ College of Registered Psychotherapists of Ontario, *Independent Practice*, online: <https://www.crpo.ca/independent-practice/>; O. Reg. 67/15: Registration, online: <https://www.ontario.ca/laws/regulation/150067#BK8>, s. 8; Ontario College of Social Workers and Social Service Workers, *Private Practice*, online: <https://www.ocswssw.org/registrants/private-practice/> (no specific requirements mandated but extensive experience "strongly advised").

²⁷ *Dentistry Act, 1991*, [SO 1990, c 24](https://www.ontario.ca/laws/regulation/r17570), s. 4.

²⁸ *Dental Technology Act, 1991*, [S.O. 1991, c.23](https://www.ontario.ca/laws/regulation/r17570), s. 3.

²⁹ RHPA, s. 32; College of Dental Technologists of Ontario, *Laboratory Supervision Standards*, online: https://cdto.ca/wp-content/uploads/laboratory_supervision_standards-2003-Cover-page-1.pdf.



variety of facilities, including rabies programs and various screening programs.³⁰ This mechanism recognizes that appropriate exceptions to the requirements for accreditation increase access to professional, safe, and qualified care.

Further, in 2023 the College communicated the Council's support and approval of a regulatory sandbox developed by the OAVT and Dr. Lance Males that specifically enables RVTs to practice independently as a mechanism for creating greater access to veterinary care in rural and remote communities. This need is greater now than it has ever been, both in rural communities and now urban centres. We believe the Council must ensure that RVT's ability to address the need for expanded access to care is retained.

Conclusion

Without an exemption from facility accreditation in the regulations or other oversight mechanisms, independent RVT businesses will no longer be able to operate, reducing access to care. At the same time, members of the public will be able to provide many of these services, through the exceptions set out in the *Act*, which may lead to these services being provided by unregulated persons, outside of the oversight of the College. This could have a detrimental effect on animal welfare outcomes and compromise animal and human safety. The Council ought to develop regulations that ensure that independent RVT businesses can continue to operate. The OAVT welcomes the opportunity to work with the Council to ensure regulations set out appropriate oversight mechanisms for independent RVT businesses.

³⁰ CVO, "Temporary Facilities," online: <https://www.cvo.org/veterinary-practice/accreditation/temporary-facilities>