

# Practice Standards Scheme – Concept Note

## Introduction

The views of stakeholders are sought regarding a potential way forward to develop the Practice Standards Scheme (PSS). This document represents the initial thinking of the Practice Standards Group (PSG). At such time as detailed proposals are concluded, there will be a full consultation exercise in the usual way.

# Background

The PSS, a voluntary quality assurance Scheme, was established in 2005. It is administered by the RCVS, but the detailed standards are decided in consultation with the PSG, which is made up of representatives of the following organisations, together with a lay representative:

- British Veterinary Association
- British Small Animal Veterinary Association
- British Veterinary Hospitals Association
- British Equine Veterinary Association
- British Cattle Veterinary Association
- Society of Practising Veterinary Surgeons
- Veterinary Practice Management Association
- British Association of Veterinary Emergency and Critical Care
- British Veterinary Nursing Association
- RCVS Council
- RCVS Veterinary Nurses Council

# **Original aims**

The aim of the Scheme was to encourage higher veterinary standards and to give comfort to the public that minimum standards were being met.

In addition, through the Manual, the Scheme sought to provide information to practices. This covered minimum standards (**Core**), which are mainly legal and health and safety requirements, and also set out expectations for three additional categories for which accreditation could be achieved:

- General Practice (Farm Animal (FA), Equine (EQ) and Small Animal (SA))
- Emergency Service Clinic
- Hospital (EQ and SA)

## Criticisms

The fundamental aims of the Scheme remain. However, seven years into its operation, the PSG is actively considering how best to achieve these in the future.

At the same time, it would like to address criticisms that may have been acting as barriers to new members joining; to increase motivation and provide a pathway for existing members to attain higher, meaningful standards directly relevant to animal care; and, to provide an increased level of satisfaction from the inspection process.

Criticisms, where they have occurred, have focused on three areas:

- 1. The Standards being seen as a 'tick-box' exercise, concentrating on facilities rather than on behaviours of practice staff that ensure high quality veterinary work;
- 2. Suggestions of 'nit-picking', with an over-emphasis on legal requirements (often involving paperwork) and insufficient focus on key areas and behaviours that make a difference to animal care; and,
- 3. Lack of flexibility particularly at Hospital level, meaning that those offering specialised, more narrowly-focused care (for example, ophthalmic or orthopaedic hospitals) have difficulty achieving Hospital accreditation unless they provide a range of irrelevant equipment.

### **Proposals**

The Manual currently has 10 broad sections. It is proposed that the Standards would continue to include these areas, but that the subjects within them would be more defined – for example, anaesthesia, nursing, training etc would be shown as separate subject areas.

Legal requirements would remain, so there would be no reduction in standards at Core level, but consideration would be given to prioritisation, so that compliance with key indicators would be required immediately, with a measured follow-up plan implemented for other deficiencies.

In each of the subject areas, mandatory **Core Standards** would be stipulated. As now, any practice undertaking work in any of the subject areas would be required to comply with Core Standards for those areas.

In each of the subject areas, **General Practice Standards** would be set out for SA/FA and EQ. These would be divided into General Practice Required Standards (key requirements) and General Practice Optional Standards, which, as far as possible, would emphasise behaviours.

In order to obtain General Practice accreditation, a practice would be required:

- a) To comply with Core and General Practice Required Standards in all subject areas; and,
- b) To comply with a proportion of Optional Standards in chosen subject areas.

In each of the subject areas, **Hospital Standards** would be set out for SA and EQ. These would be divided into Hospital Required Standards (key requirements) and Hospital Optional Standards, again with emphasis on behaviours.

In order to obtain Hospital accreditation, a practice would be required:

- a) To comply with Core Standards, and General Practice and Hospital Required Standards in designated/chosen subject areas; **and**,
- b) To comply with a significant proportion of Optional Standards in designated, chosen subject areas.

# How you can help

Making the necessary changes to the PSS would require considerable investment in time and resources (and the scale of any change agreed may lead to widely-variable timescales for the review process to be concluded). For that reason, we would like to hear your views on the future development of PSS, but in particular the three points listed below:

- 1. Do you support the current thinking of the PSG regarding revision of the Standards?
- 2. Do you wish the Standards to be updated, but to remain in the current format?
- **3.** Do you wish the General Practice SA and EQ categories to be divided into two distinct categories those that hospitalise patients overnight and those that do not?

#### How to respond

Please send your comments to Eleanor Ferguson, Practice Standards Scheme Manager, on <u>e.ferguson@rcvs.org.uk</u>, or by post to Eleanor Ferguson, Practice Standards Team, RCVS, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF.

If you are a member of one of the organisations represented on the PSG, you can also feed your comments into them, please see the table below.

#### Comments should be received no later than 20 December 2012.

Organisation	Representative	Email address
British Association of Veterinary Emergency and Critical Care	Toby Birch	practicestandards@bavecc.org.uk
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