



# RCVS

Royal College of Veterinary Surgeons

# Review of Practice Standards Schemes

A consultation on the future of practice  
standards in the veterinary profession

May 2003



**BVA**  
British Veterinary Association



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ASSOCIATION



May 2003

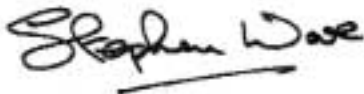
Dear Colleague

In July 2002 the College published proposals for the future of Veterinary Education and Training arising from the Education Strategy Steering Group and invited comment from the profession. Earlier this year we consulted equally widely on the implications of possible changes to the Veterinary Surgeons Act. The College has been delighted by the level of response received from the profession and is very grateful to colleagues for their time and effort in making their views known.

Simultaneously, and very much connected with the previous consultations, a working group has been undertaking a review of practice standards schemes and it is now timely to seek the views, principally of those in or closely connected with practice, on the preliminary suggestions of the working group. I do appreciate that these consultations have come in quick succession. Nevertheless, there is currently much work in progress which could have a significant impact on the life of our profession for many years to come. It is important that the College should be aware of the profession's views at as early a stage as possible.

All of us in practice must be aware of the possible implications of the report of the Competition Commission into the supply of prescription medicines. As we go to print with this document, draft legislation to implement the report's recommendations has been received by the College, so it is possible that some changes may need to be made in the light of final legislation.

Please do not feel constrained by the questions which have been drafted by the working group. I emphasise that, once again, the College has not taken any final view on the issues which are raised and any additional comments or queries will be welcome. I do hope that the profession's response will be as numerous and as constructive as in recent months.



J S Ware BVM&S MRCVS  
President

Please send your written response by **31 July 2003** to Gordon Hockey, Professional Conduct Department, Royal College of Veterinary Surgeons, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF (020 7202 0728, e-mail [pswp@rcvs.org.uk](mailto:pswp@rcvs.org.uk)). This paper including the questions in the annex can be downloaded from the RCVS website, [www.rcvs.org.uk](http://www.rcvs.org.uk)

# Review Of Practice Standards Schemes

## Introduction

This consultation should be considered in the context of recent consultation exercises by the RCVS: The future of veterinary education and training (by the Education Strategy Steering Group (ESSG)), and the review of the Veterinary Surgeons Act. In this consultation exercise the profession is asked to consider:-

- i. the desirability of a single voluntary practice standards scheme to be managed by the RCVS; and,
- ii. that such a scheme could become mandatory as part of the regulation of veterinary practices.

Annex 1 sets out draft RCVS core practice standards, Annex 2 is a diagrammatic representation of an amalgamated RCVS practice standards scheme and Annex 3 restates the questions asked within the consultation document.

## RCVS Practice Standards Working Party

The RCVS Practice Standards Working Party (WP) was set up following agreement between RCVS, the British Small Animal Veterinary Association (BSAVA) and the British Veterinary Hospital Association (BVHA) to review the practice standards schemes within the profession. BSAVA and BVHA, together with the British Veterinary Association (BVA), British Equine Veterinary Association (BEVA), and British Cattle Veterinary Association (BCVA), are represented on the WP. Other Associations will be consulted as the process progresses.

The WP's aims are to:-

- a) improve the standards of veterinary practices and assist practice compliance with legal requirements;
- b) provide a framework for the approval of practices for training purposes, and to enable newly qualified veterinary surgeons to develop their professional competence in a quality-assured practice; and,
- c) prepare for the regulation of veterinary practices, which might be included in a new Veterinary Surgeons Act.

## **Existing Practice Standards Schemes – amalgamation to a single scheme?**

The existing practice standards schemes are organised by BSAVA and BVHA, the latter in conjunction with RCVS. In both schemes practices are inspected and assessed against written standards. Out of a total of 3,682 veterinary practices and branches, as recorded in the RCVS Directory of Practices, there are approximately 149 Veterinary Hospitals (12 applications pending) and 184 BSAVA inspected veterinary practices. Both practice standards schemes are voluntary and the inspectors are practising veterinary surgeons who inspect on an ad hoc basis.

In addition to these schemes, RCVS sets out minimum practice standards and other professional standards applicable to practices in the RCVS Guide to Professional Conduct. There is no inspection scheme to ensure that the 90% of practices (those not in one of the two inspected practice standards schemes) achieve RCVS minimum standards. The RCVS seeks to ensure that practices achieve these minimum standards through its complaints-based regulation of the profession.

Currently, RCVS minimum standards are considered to be first tier and BSAVA standards and Veterinary Hospital standards second and third tier respectively. The WP is considering whether it is feasible to amalgamate the three schemes under a single RCVS scheme and whether by doing this, other inspection work or practice visits, either currently undertaken or which may be necessary in the future, might be included.

## **An RCVS Practice Standards Scheme**

### **Introduction**

The WP has sought to avoid the concept of “minimum” practice standards, preferring instead to develop the concept of core practice standards: standards that a practice must meet only if they are applicable to the type of service offered. For example, not all practices will have radiographic services, but those that do should be able to meet the relevant standards.

Over and above core practice standards, the WP is considering modules of standards for particular practice areas as described by the ESSG, such as Small Animal, Farm Animal or Equine practice, and possibly referral practices.

Beyond this the WP considers that both Small Animal and Equine Veterinary Hospitals practice standards will continue more or less as at the current time.

## **Core Practice Standards**

The current practice standards predominantly set out the legal requirements that must be met and a range of physical facilities required to achieve a particular standard. The WP considers that many of these should be retained within the context of core practice standards. In addition, the WP is of the view that core practice standards should include accepted professional standards, for example, a requirement for veterinary surgeons to undertake 105 hours of Continuing Professional Development (CPD) over a 3-year period. The WP is also considering whether core practice standards should include a requirement that veterinary surgeons within the practice assess or audit the delivery of veterinary services to ensure appropriate service standards are maintained.

The WP considers that any amalgamated voluntary practice standards scheme needs to appeal to as many veterinary practices as possible. Therefore the scheme will need to be promoted to the public by the profession, so that clients are aware of participating practices.

The WP suggests that RCVS core practice standards include the following areas:-

1. Staff
2. Clinical Audit
3. 24 Hour Service
4. Premises and Out-Patient Facilities
5. In-Patient Facilities
6. Radiographic Facilities
7. Laboratory Services
8. Medicinal Products
9. Safety Procedures

The draft RCVS core practice standards are attached at Annex 1.

The core practice standards include legal requirements. RCVS is not an enforcement authority for any legislation, but expects members to comply with relevant legislation. The current BSAVA scheme assists practices to comply with legal requirements and the WP considers that an amalgamated RCVS practice standards scheme should have a similar focus. However, in instances where a practice declines to comply with legal requirements or there are serious breaches of legislation, RCVS may need to take action or refer the matter to the relevant enforcement authority.

## **Modules**

The WP currently envisages that practices might wish to seek additional designation as a Small Animal, Farm Animal or Equine practice. Such modules might be appropriate for those practices seeking an increased level of recognition, but not to the extent of Veterinary

Hospital status. The ESSG has suggested that practices could be identified as “Mixed” and the WP is considering this.

## **Referral practices**

Referrals may be between primary care practices or between primary care and referral practices; a patient is referred to another veterinary surgeon with greater relevant expertise or access to increased facilities. The WP is considering whether a referral practice should be able to demonstrate that referred patients are under the care of veterinary staff with a certain level of expertise, for example, veterinary surgeons with relevant diplomas or those who are RCVS recognised specialists. The WP considered that any designation of practices as “referral” is likely to be directly linked to the veterinary staff at the practice; all practices would still be able to accept referrals, as appropriate.

## **Veterinary Hospitals**

Veterinary Hospital status is the highest practice standard award and the BVHA has recently drafted revised Small Animal Veterinary Hospital standards for consideration by RCVS. These should be approved within the context of the WP’s core, module and Veterinary Hospital standards.

The WP is considering a number of proposed changes to the Small Animal Veterinary Hospital standards, for example, whether Veterinary Hospitals should continue to be required to provide a 24 hour service. The WP considered that while the public might expect Veterinary Hospitals to have a 24 hour service for in-patients, this was not necessarily expected for new cases. Accordingly, it might be appropriate for Veterinary Hospitals to refer out-of-hours emergency cases to another Veterinary Hospital or to a dedicated provider of 24 hour emergency cover.

## **Questions on the Structure of Practice Standards**

- (1) Do you work in a BSAVA inspected practice or a Veterinary Hospital?**
- (2) Should the BSAVA/BVHA/RCVS practice standards schemes be amalgamated into a single voluntary RCVS practice standards scheme?**
- (3) Should there be modules for a practice to indicate either increased services available from the practice or increased facilities at the practice, but not to the extent of Veterinary Hospital status?**
- (4) Should an amalgamated RCVS practice standards scheme include a referral practice module?**
- (5) Should Veterinary Hospital status remain the highest practice standards award?**
- (6) Should Veterinary Hospitals be able to out-source 24 hour emergency cover (excluding in-patients)?**

# Practice Standards And Training

## ESSG and Newly Qualified Veterinary Surgeons

The ESSG has indicated that ideally newly qualified veterinary surgeons should be employed in practices that meet core standards and that are prepared to give them the support they need to build up their clinical experience and develop their professional competence. This also applies to veterinary surgeons who are seeking to move to new areas of practice, or who are returning to practise after time out. The WP is confident that following a practice inspection, an inspector should be able to indicate the extent to which a practice is able to support newly qualified veterinary surgeons, or those who need further training. This would involve consideration of the practice's workload and staff support structures. Newly qualified veterinary surgeons would then have an indication of the range of clinical experience they would be likely to gain at the practice, and be assured of the environment in which they would develop their professional competence.

## Veterinary Nurse Training

A Training Practice (TP) receives an initial visit from a Veterinary Nursing Approved Centre (VNAC) to establish that the practice meets certain practice standards and is willing to provide training. Once a practice is providing nurse training it will receive a practice standards audit inspection from an External Verifier (EV) on a six yearly basis. EVs are employed by RCVS. The WP considers that the practice standards element of the initial VNAC inspection could be included within an RCVS practice standards inspection, to allow VNAC visits to concentrate on training issues rather than practice standards issues. In addition, the WP considers that an RCVS practice standards inspection could include the audit inspection carried out by EVs.

## Medicines Inspections

The Department for the Environment, Food and Rural Affairs (DEFRA) carries out medicines inspections on behalf of the Veterinary Medicines Directorate (VMD), although in recent years resource issues have led to sporadic visits in some areas. The proposed RCVS core practice standards include aspects of medicines legislation applicable to veterinary practice, for example, the "cascade" provisions. Consequently, an RCVS practice standards inspection is likely to duplicate, to at least some extent, the medicines inspection. The WP is considering whether RCVS should seek to carry out medicines inspections on behalf of VMD.

## Questions On Practice Standards And Training

- (7) Should the suitability of a practice to employ newly qualified graduates, or those seeking to retrain or return to practise, be assessed within an amalgamated RCVS practice standards scheme?**
- (8) Should practice standards for VN training be assessed within an amalgamated RCVS practice standards scheme?**
- (9) Should RCVS seek to include external inspections, such as the medicines inspections, within an amalgamated practice standards scheme?**

# Practice Inspections

## Frequency and Cost of Inspections

Veterinary Hospitals are inspected two years after initial inspection and then every four years. Veterinary Hospitals are also inspected following a change of ownership. BSAVA practices are inspected every four years. The WP is of the view that a practice inspection every four years is satisfactory, unless there is concern that a practice is not meeting the relevant practice standards.

At the current time, practices pay a fee for each inspection. The Veterinary Hospitals inspection fee is £510; the BSAVA inspection fee is £235. The WP is considering whether there should continue to be an inspection fee or whether there should be an annual fee, with no extra cost for inspections. The WP is also considering how much any inspection or annual fee might be under the proposed scheme.

In addition the WP is considering whether fewer unannounced visits might be as effective as the current four yearly announced visits. Fewer visits could reduce the costs of the scheme.

## Inspectorate

Under the current BSAVA and BVHA/RCVS schemes, practising veterinary surgeons (part-time inspectors) carry out practice inspections. The WP is considering whether this arrangement should continue or whether RCVS should employ a small number of veterinary surgeons as part of a full-time professional inspectorate to carry out inspections.

The WP is of the view that fewer inspectors getting more experience of the standards would contribute to their consistent application. Full-time inspectors could also be involved in giving advice to practices, to help them reach core practice standards (with or without modules), as well as assisting RCVS to review and if necessary update the standards. BSAVA and BVHA have agreed to continue to have a role updating and advising on standards within an amalgamated RCVS practice standards scheme.

## Questions on Practice Inspections

- (10) **Should an RCVS practice standards scheme have an inspection fee or an annual fee?**
- (11) **If you own a practice, what annual fee would you be prepared to pay for RCVS practice registration, £100, £150 or £200?**
- (12) **Would you welcome advice visits and telephone assistance on practice standards? Would you pay for these?**
- (13) **Should RCVS inspectors be practising veterinary surgeons (part-time) or veterinary surgeons employed by RCVS (full-time)?**



## Clinical Audit

Clinical audit is a review of clinical services that may have a positive effect on those services. Clinical audit encompasses much more than statistical audit and the WP considered that it is already a part of veterinary practice. However, the various aspects of clinical audit currently undertaken, for example, practice discussions of difficult cases, may not be considered as part of a programme of clinical audit. Hence the WP considers that all practices should:-

Have a system for monitoring and discussing the clinical outcome of cases and for acting on the results.

BVHA has proposed a higher level of clinical audit for Veterinary Hospitals.

### Question on Clinical Audit

**(14) Should clinical audit be included within core practice standards? If not, where would you envisage this appearing?**

## Public Protection

The WP considers it is important for the animal-owning public to be assured of standards within veterinary practices and that regulation of practices, including inspection of premises is necessary to achieve this. The RCVS would then become pro-active in ensuring standards, rather than only becoming aware of problems by way of complaints.

In addition, ensuring that veterinary surgeons working within veterinary practices adhere to professional requirements or guidance is a form of re-validation of the veterinary surgeons at that practice. An inspection would provide positive confirmation that those veterinary surgeons are, for example, undertaking the RCVS minimum recommended CPD.

The current practice standards schemes are voluntary and any RCVS scheme resulting from this consultation will be voluntary. However, the regulation of the profession under any new Veterinary Surgeons Act might require mandatory regulation and/or inspections of practices. If at that time a voluntary amalgamated RCVS practice standards scheme were proving effective, the profession would be able to suggest that a tried and tested scheme be adopted as a mandatory scheme.

### Question on public protection

**(15) Ultimately, should RCVS seek mandatory inspections of veterinary practices under a new Veterinary Surgeons Act?**

### RCVS Core Practice Standards (As Applicable)

#### 1. Staff

##### 1.1 Are all the veterinary surgeons employed in the practice registered with the RCVS and covered by professional indemnity insurance?

The inspector will ask to see the RCVS registration numbers of all veterinary surgeons working for the practice in any capacity (including veterinary surgeons from overseas) and a copy of their current professional indemnity insurance certificate.

##### 1.2 Does the practice provide written Terms and Conditions of Employment for all employees?

All employers are legally obliged to give their employees a Statement of the terms and conditions relating to their employment within a short time of starting work.

##### 1.3 Does the practice have a written requirement for a professional standard of behaviour, cleanliness and personal appearance to be maintained by all members of the practice at all times?

This may be part of the Terms and Conditions of Employment, job contracts or a separate Standard Operating Procedure (SOP).

##### 1.4 Does the practice provide written job descriptions and staff appraisals for all veterinary surgeons, nursing and support staff?

##### 1.5 Does the practice employ adequately trained support staff for the nature of the work undertaken and have these members of staff received adequate induction training?

The inspector will ask to see written protocols for receptionists/support staff dealing with members of the public and evidence of adequate training of staff assisting with surgical procedures. If non-veterinary surgeons carry out veterinary surgery then the inspector will ask to see evidence that this is in compliance with the Veterinary Surgeons Act 1966.

##### 1.6 Are all the veterinary surgeons employed in the practice complying with RCVS guidance on minimum recommended CPD?

The inspector will ask to see the CPD records of all the veterinary surgeons to ensure they undertake at least 105 hours over a 3-year period.

## **2. Clinical Audit**

- 2.1 Does the practice have a system for monitoring and discussing the clinical outcome of cases and for acting on the results?**

## **3. 24 Hour Service**

- 3.1 Does the practice have adequate arrangements for the provision of 24 hour cover for the relief of pain or suffering of animals?**

A veterinary surgeon must, if in practice, make adequate arrangements for the provision of 24 hour emergency cover for all species, including attending away from the practice premises on the rare occasions when in the veterinary surgeon's professional judgement it is necessary.

The inspector will ask to see the written duty rota or formal written arrangement with an alternative veterinary surgeon/practice and what methods the practice uses pre-emptively to inform clients of the out-of-hours arrangements.

For further details, refer to RCVS Guide to Professional Conduct: Annex, 24 Hour Cover

## **4. Premises And Out-Patient Facilities**

- 4.1 Are the practice premises accessible, in good decorative order, well maintained and kept clean?**

This question is the most awkward for inspectors to interpret objectively. The points of emphasis are good, clean and well maintained. Nowhere is 'perfect' mentioned. Decorative order should be to the highest standard in public areas, whereas less perfect paintwork and floors are more acceptable in private areas, as long as standards of cleanliness are not compromised, e.g. chips and cracks within an isolation kennel would be unsatisfactory.

- 4.2 Does the practice provide a waiting room or reception area of adequate size, and with sufficient seating, for the needs of its clients?**

The inspector may ask to see the appointment book or enquire about the busiest times to assess if the waiting room or reception area is adequate.

- 4.3 If consultations are carried out at the premises, does the practice have one or more consulting areas, which provide a clean, hygienic environment for consultations in private?**

The consulting area may be used for other purposes, provided that hygiene and privacy are not compromised.

- 4.4 **Are the floor and table in the consulting area of a material suitable for thorough cleaning and are there adequate washing and disinfection facilities?**
- 4.5 **Is appropriate basic diagnostic equipment of good working order readily available in the practice?**
- 4.6 **Is there adequate ventilation and lighting in the consulting area, as appropriate to the work undertaken?**
- 4.7 **Does the practice provide weighing scales suitable for accurate weighing of small animal species routinely treated?**
- 4.8 **Are fee estimates given to clients and updated as necessary?**
- 4.9 **Is itemised billing available at the request of the client?**
- 4.10 **Does the practice maintain an efficient system of documenting and filing records of case histories of all patients? Does the practice comply with the Data Protection Act?**

## **5. In-Patient Facilities**

- 5.1 **Are animals admitted to the premises for any diagnostic or surgical procedures, and is informed consent obtained?**

The inspector will ask to see examples of consent forms for surgical procedures or hospitalisation.

- 5.2 **Are the in-patient facilities secure, in good condition and sufficient for the workload of the practice?**

The in-patient facilities should be securable, sturdy, escape proof, without potentially injurious faults and easily cleanable.

- 5.3 **Does the practice provide facilities and adequate nursing staff for the care of in-patients?**

The practice must have a written policy for the overnight care of in-patients detailing who is responsible, frequency of checks etc. The owners must be informed of the level of overnight care.

- 5.4 **Does the practice have a written policy for dealing with infectious cases that is known to all members of staff?**

- 5.5 **Does the practice provide an area that is used for the conduct of surgical procedures?**

This area should be uncluttered, have easily cleanable surfaces and a good source of illumination.

**5.6 Does the practice need equipment for the administration of oxygen and the safe maintenance of anaesthesia?**

Equipment for the administration of oxygen and the safe maintenance of inhalation anaesthesia and resuscitation on systems and circuits appropriate for the species treated must be available.

**5.7 Does the practice provide suitable monitoring for anaesthetised patients?**

A member of staff adequately trained in monitoring anaesthetised patients must be present throughout the procedure.

**5.8 Is there a programme of regular care and maintenance for any anaesthetic equipment?**

**5.9 Does the practice provide facilities for the scavenging of anaesthetic gases?**

Facilities for scavenging include any device or ducting system for the removal of waste gases from the operating area:

Passive scavenging – by duct to the open air

Charcoal absorbers

Active scavenging – via a pump and air brake device

**5.10 Does the practice carry out monitoring of anaesthetic pollutants in operating areas and are there written records of this?**

**5.11 Does the practice have disinfection and/or sterilization facilities suitable for the work undertaken?**

**5.12 If the practice has an autoclave, is there a Written Scheme of Examination performed by a competent engineer, as required under the Pressure Systems Safety Regulations 2000, and is the current Certificate of Inspection available?**

For autoclaves and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.

A Written Scheme of Examination should be titled as such, and should specify how and when the autoclave(s) should be inspected. Practices must also have a Certificate of Inspection under the Regulations. It will be titled Certificate of Inspection under the Pressure Systems Safety Regulations 2000. NB. A service is not necessarily an inspection under the Regulations, and a note of the last service is not a Written Scheme of Examination.

## **6. Radiographic Facilities**

### **6.1 Does the practice provide on site radiographic facilities? If not omit this section.**

If facilities for radiography are provided the practice must comply with the Ionising Radiation Regulations. Has a suitable and sufficient assessment of the risks been made for the purpose of identifying the measures needed to restrict exposures to employees and other persons?

### **6.2 Has the Practice appointed a Radiation Protection Adviser (RPA) who meets the Health and Safety Executive (HSE) statement on competence for RPA'S and who possesses appropriate knowledge and experience relevant to veterinary practice?**

### **6.3 Has the practice appointed a Radiation Protection Supervisor in writing?**

### **6.4 Has the practice notified the HSE of their use of Ionising Radiation?**

### **6.5 Is a copy of the British Veterinary Association's guidance notes for the safe use of ionising radiations in veterinary practice available to all members of the practice?**

### **6.6 Is there a system of personal dose monitoring for all persons entering the controlled area and are records of the doses received maintained for at least two years?**

### **6.7 Have written Local Rules been drawn up in consultation with the RPA and are these clearly displayed to all staff?**

### **6.8 Has a controlled area been designated, adequately described in the Local Rules, physically demarcated where practical and provided with suitable and sufficient signs and warnings?**

### **6.9 Is the radiographic machine serviced annually and is there written evidence of a satisfactory report?**

### **6.10 Does the radiographic machine have a functional light beam diaphragm?**

### **6.11 Is sufficient Personal Protective equipment provided and examined at regular intervals?**

### **6.12 Are suitable cassettes and positioning aids provided?**

### **6.13 Is there a chart of commonly used exposures available?**

### **6.14 Is there a written log of all radiographic exposures, which contains a chronological record of the patient details, date, region radiographed, exposure factors and personnel involved?**

- 6.15 Are there suitable film processing facilities, and are these used and maintained in accordance with the manufacturer's instructions to avoid wasted exposures, and in an adequately ventilated area?**
- 6.16 Are all processing chemicals stored safely and disposed of in an appropriate manner by a suitable registered contractor?**

## **7. Laboratory Services**

- 7.1 Are the laboratory procedures performed in a designated area used specifically for that purpose and is the designated area kept clean and tidy?**
- 7.2 Are all laboratory procedures undertaken by designated persons adequately trained in the tasks performed by them?**
- 7.3 Does the practice have facilities for the referral of pathological samples to external veterinary laboratories?**

This constitutes having envelopes, referral forms and a suitable range of containers for pathological specimens in conformity with Post Office regulations.

- 7.4 Are the results of all laboratory tests stored so as to permit easy retrieval?**

Results should be stored either in a loose-leaf file in chronological order, or other logical order, or entered directly on to the client record forms.

## **8. Medicinal Products**

- 8.1 Are all medicinal products stored in a clean and tidy location in accordance with manufacturers' recommendations and are the batch numbers recorded for medicinal products supplied to food producing animals?**

It is recommended that all drugs are stored in accordance with manufacturers' recommendations. If it is stipulated that the drug be used within a specific time period, it should be labelled with the opening date.

- 8.2 Is an efficient stock control and stock rotation system in operation and are out-of-date products disposed of according to current legislation?**

It would be sufficient to show the inspector the stock room and discuss the frequency of medicines and food deliveries.

Pharmaceutical products, veterinary compounds and Prescription Only Medicines (POMs) constitute 'special waste' and therefore out-of-date products should be disposed of in accordance with the Special Waste Regulations 1996.

Schedule 2 Controlled Drugs must be kept in a secure, lockable and immovable receptacle that can only be opened by a veterinary surgeon or a person authorised by him or her. A register of such drugs obtained, supplied and used must be kept in accordance with the Misuse of Drugs Act 1971 (and The Misuse of Drugs Regulations 1985).

### **8.3 Are all Schedule 2 Controlled Drugs stored and recorded according to current legislation?**

Those practices which do not hold stocks of Schedule 2 Controlled Drugs can answer N/A to this question.

“Controlled drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 1985. These Regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control.

Schedule 1: Includes LSD, cannabis, lysergide and other drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority.

Schedule 2: Includes etorphine, morphine, papaveretum, pethidine, diamorphine (heroin), cocaine and amphetamine. Record all purchases and each individual supply (within 24 hours). Registers must be kept for 2 calendar years after the last entry. Drugs must be kept under safe custody (locked secure cabinet), except quinalbarbitone. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. You could be prosecuted for failure to comply with this Act.

Schedule 3: Includes buprenorphine, pentazocine, the barbiturates (e.g. pentobarbitone and phenobarbitone but not quinalbarbitone - now Schedule 2) and others. Buprenorphine, diethylpropion and temazepam must be kept under safe custody (locked secure cabinet); it is advisable that all Schedule 3 drugs are locked away. Retention of invoices for two years is required.

Schedule 4: Includes butorphanol, most of the benzodiazepines (temazepam is now in Schedule 3) and androgenic and anabolic steroids (e.g. clenbuterol). Exempted from control when used in normal veterinary practice.

Schedule 5: Includes preparations (such as several codeine products), which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for two years.

(Taken from Small Animal Formulary, 4th edition, 2002 (p 4) published by the BSAVA)



**8.4 Are medicines routinely dispensed according to current guidelines?**

The inspector may ask to see how the products are dispensed. Guidelines are available in the BVA Code of Practice on Medicines (2000), set out in the BVA “The Veterinary Formulary”. There are also guidelines in the BSAVA Small Animal Formulary.

**8.5 Are all containers and outer packs dispensed by the practice legibly and indelibly labelled with the following information?**

The name and address of the client

The name and address of the veterinary practice

The date of dispensing

The words “keep out of the reach of children”

The words “for animal treatment only” unless the package or container is too small for it to be practicable to do so

The words “for external use only” for topical preparations

The name and quantity of the product, its strength, directions for use

It would be convenient if the inspector could see a practice label printed out.

**8.6 Does the practice make clients aware that they can request a prescription as an alternative to supply of those medicines by the practice?**

Writing prescriptions:

The RCVS Guide to Professional Conduct states that:

“Veterinary surgeons are encouraged to make their clients aware that veterinary medicines may be obtained on prescription from other suppliers, for example pharmacies, and should not unreasonably refuse to supply prescriptions if clients wish to purchase veterinary medicines from other suppliers. A reasonable charge may be made for prescriptions, which may only be issued for animals under the care of the prescribing veterinary surgeon.”

The inspector would wish to see evidence that prescriptions are offered (eg a waiting room sign) and that the correct code of practice for prescription writing is available.

**8.7 Are medicines used in accordance with the legislation commonly referred to as the cascade?**

The cascade:

The prescribing cascade is contained in the Medicines (Restrictions on the Administration of Veterinary Medicinal Products) Regulations 1994. Where no authorised VMP exists for a condition in a particular species, and in order to avoid unacceptable suffering, veterinary surgeons exercising their clinical judgement may prescribe for one or a small number of animals under their care in accordance with the following sequence:

- a. A veterinary medicine authorised for use in another species, or for a different use in the same species ('off label use')
- b. A medicine authorised in the UK for human use
- c. A medicine to be made up at the time on a one-off basis by a veterinary surgeon or a properly authorised person

The inspector will wish to see evidence that off-label medicines are clearly identified to owners who give informed consent for their use. Written forms for signature would be the norm. The inspector would not expect to find that human generic preparations were being used other than under Amelia 8 which allows for the welfare of animals to be a primary consideration in the choice of treatment.

**8.8 Are medicines dispensed only to animals under the care of a veterinary surgeon?**

The inspector would wish to see evidence that this regulation is publicised to clients and adhered to by the practice. Staff notes, waiting room signs and examination of client records would give this evidence.

**9. Safety Procedures**

**9.1 Does the practice comply with the Health and Safety Regulations 1999?**

The RCVS would expect practices to comply with current Health and Safety regulations and for practice principals to have discharged their duty of care towards clients and employees.

**9.2 Does the practice have a written policy statement covering the organisation and arrangements within the practice with respect to the Health and Safety of members of the practice, employees, clients, and visitors and has this policy statement been drawn to the attention of all staff?**

There must be a written Health and Safety policy statement clearly identifying the positions of responsibility for Health & Safety and including risk assessments of different areas of work as well as for different tasks. This should be freely disseminated to all staff. The inspector will ask to see evidence that staff have read this policy statement.

**9.3 Has the practice a policy of reviewing its arrangements for Health and Safety and for Control of Substances Hazardous to Health on a regular basis, and have these arrangements been reviewed within the previous 12 months?**

The inspector will ask for the last revision date and the next revision date and there should be documentary evidence to confirm this.

**9.4 Does the practice have compulsory employers' liability insurance, and is the certificate displayed for all members of staff to see?**

The inspector will check that the certificate is suitably displayed.

**9.5 Does the practice have public liability insurance?**

The inspector will ask to see the insurance certificate or policy.

**9.6 Does the practice have a Health and Safety Law poster (published in October 1999), displayed for all members of staff to see?**

Note that only the new version of the statutory Health and Safety Law Poster published in 1999 should be displayed. Alternatively it is acceptable to issue staff with a copy of the 'Health and safety law: what you should know' leaflet (1999) ISBN 0 7176 1702 5.

**9.7 Is non-clinical waste collected separately from other waste, stored hygienically, and disposed of in an appropriate manner by a suitable registered contractor?**

The inspector will check that there are appropriate facilities for the collection of non-clinical waste, clinical waste, sharps and special waste. The same or different contractors may collect the different types of waste.

**9.8 Is clinical waste collected separately from other waste, stored hygienically, and disposed of in an appropriate manner by a suitable registered contractor?**

**9.9 Is pharmaceutical waste collected separately from other waste, stored hygienically and disposed of in an appropriate manner by a suitable registered contractor?**

**9.10 Are sharps placed directly in an approved container, and disposed of in an appropriate manner by a suitable registered contractor?**

The sharps must be collected in an approved container, which can be sealed and which has a handle. Unofficial containers, such as used tablet pots, are not acceptable.

**9.11 Does the practice have facilities for the hygienic storage of cadavers, such that there is minimal deterioration prior to collection?**

The inspector will check that the practice has suitable facilities for the hygienic storage of cadavers. In most cases, this will mean the provision of a freezer, but some practices may have daily collections, which would mean that cool storage would be sufficient.

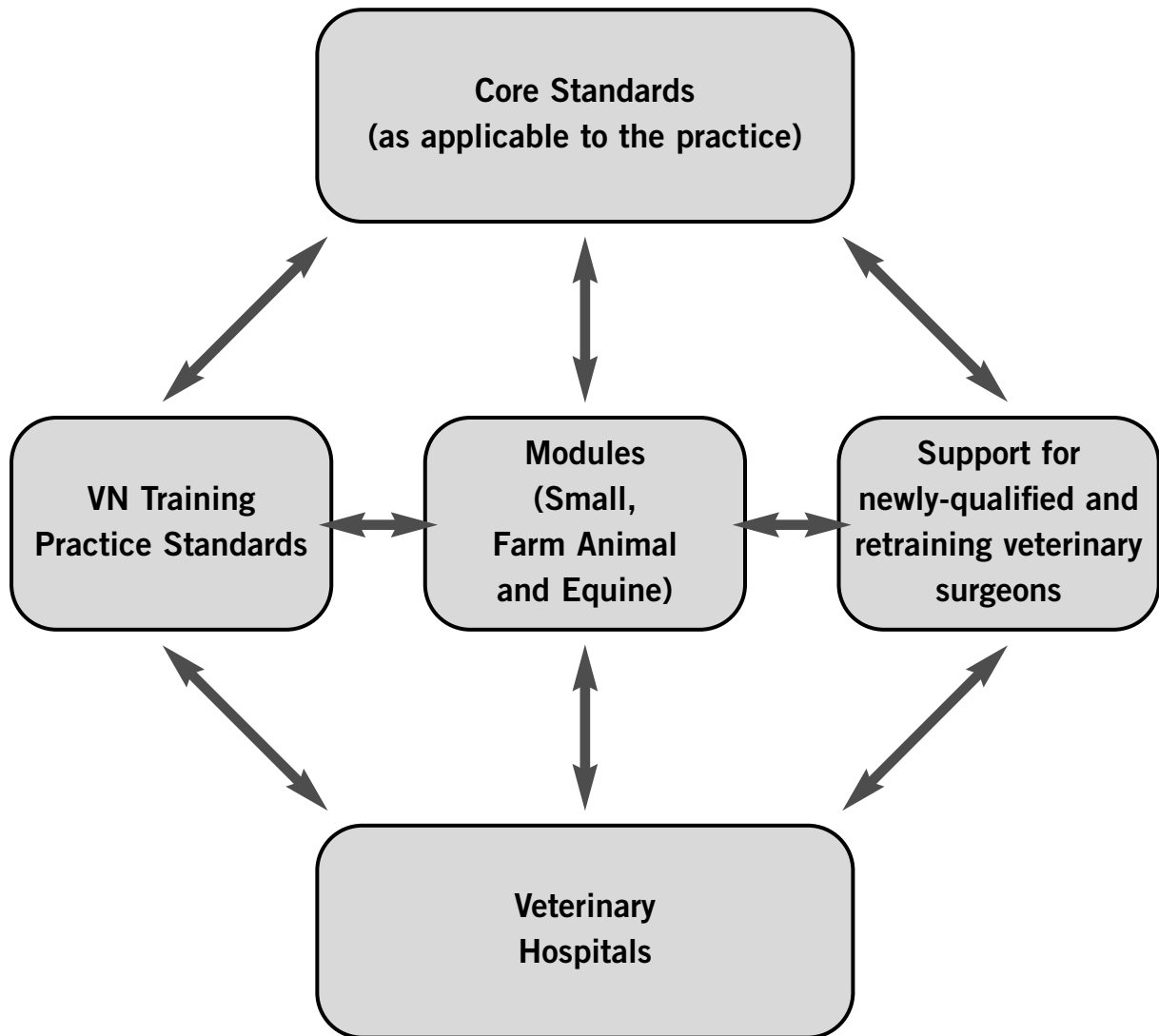
**9.12 Does the practice have written arrangements for the disposal of cadavers with a suitable registered contractor?**

Under The Environment Protection (Duty of Care) Regulations 1991 the practice has to make sure that:-

- a) The practice keeps a record of the waste (for two years)
- b) A registered waste carrier collects the waste
- c) The waste gets taken to a licensed or authorised facility suitable for that particular waste

Both the waste carrier and the licensed facility should be registered with The Environment Agency.

**A diagrammatic representation of an amalgamated RCVS practice standards scheme**



### Questions

- (1) Do you work in a BSAVA inspected practice or a Veterinary Hospital?
- (2) Should the BSAVA/BVHA/RCVS practice standards schemes be amalgamated into a single voluntary RCVS practice standards scheme?
- (3) Should there be modules for a practice to indicate either increased services available from the practice or increased facilities at the practice, but not to the extent of Veterinary Hospital status?
- (4) Should an amalgamated RCVS practice standards scheme include a referral practice module?
- (5) Should Veterinary Hospital status remain the highest practice standards award?
- (6) Should Veterinary Hospitals be able to out-source 24 hour emergency cover (excluding in-patients)?
- (7) Should the suitability of a practice to employ newly qualified graduates, or those seeking to retrain or return to practise, be assessed within an amalgamated RCVS practice standards scheme?
- (8) Should practice standards for VN training be assessed within an amalgamated RCVS practice standards scheme?
- (9) Should RCVS seek to include external inspections, such as the medicines inspections, within an amalgamated practice standards scheme?
- (10) Should an RCVS practice standards scheme have an inspection fee or an annual fee?
- (11) If you own a practice, what annual fee would you be prepared to pay for RCVS practice registration, £100, £150 or £200?
- (12) Would you welcome advice visits and telephone assistance on practice standards?  
Would you pay for these?
- (13) Should RCVS inspectors be practising veterinary surgeons (part-time) or veterinary surgeons employed by RCVS (full-time)?
- (14) Should clinical audit be included within core practice standards? If not, where would you envisage this appearing?
- (15) Ultimately, should RCVS seek mandatory inspections of veterinary practices under a new Veterinary Surgeons Act?

### RCVS

May 2003

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