Practice Standards Scheme: Farm Animal

Draft modules for consultation (February 2015)

Contents

Introduction

This document outlines all of the Practice Standards Scheme (PSS) modules and requirements for Farm Animal accreditation and Awards.

It is important to note that whilst this document may appear complex, under the new Scheme the bespoke IT system will lead practices through accreditation in a step-by-step process and will only show the requirements that are relevant to the accreditation level and Awards the practice seeks to achieve.

Accreditation Levels

Farm Animal practices premises can apply to be accredited as:

- Core Standards
- General Practice

Core Standards

Core standards are relevant to all veterinary practices and reflect mainly legal requirements which must be met in running a veterinary practice, together with guidance as set out in the *RCVS Code of Professional Conduct*.

Every practice premises within the Scheme must meet Core Standards for all species treated.

To achieve Core Standards practices must meet the Core requirements in all relevant modules. Thus if a practice did not undertake any surgery at the premises then it would be exempt from the requirements of this module.

General Practice

General Practice accreditation reflects the requirements of a primary care practice which also aims to facilitate the achievement of high standards of clinical care and encompass many of the facilities required for veterinary nurse training.

General Practices must meet the Core Standards and General Practice requirements in all of the modules.

Farm Animal Awards

In addition to accreditation under the Practice Standards Scheme, Farm Animal practices premises are eligible to apply to be inspected for additional Awards in:

- Team and Professional Responsibility
- Client Service
- Advisory / Consultation Service
- Diagnostic Service

Practice premises will be designated as ‘Good’ or ‘Outstanding’ within the Awards they select and will be free to promote themselves as such. This follows a similar format to that used by Ofsted in the inspection of schools and should therefore be easily recognised and understood by the public.

Within each of the Modules there are ‘Award Points’ which go above and beyond Module requirements and focus upon behaviours and outcomes. Every clause within the ‘Awards Points’ section is given a weighting in terms of the points it is allocated. In order to be designated as ‘Good’ in a Module a practice premises will need to achieve 60% of the available points. A practice premises which achieves 80% or more will be designated as ‘Outstanding’.

The Modules fit together to form the Awards. Practice premises that wish to achieve an Award must be at ‘Good’ or ‘Outstanding’ in every Module in the Award. In order to be designated as ‘Outstanding’ within an Award a practice premises must be ‘Outstanding’ in all the Modules in the particular Award.

The tables below indicate how the Awards are formed from the Modules and the 'Awards Points' that are available. Some Modules, such as 'Infection Control' contribute to more than one Award:

Award 1: Team and Professional Responsibility			
Required Modules:	**Award Points Available:**	**Good:**	**Outstanding:**
Clinical Governance	260	160	210
Infection Control	290	170	230
Medical Records	170	100	140
Medicines	390	230	310
Practice Team	520	310	420
Premises	110	70	90

Award 2: Client Service			
Required Modules:	**Award Points Available:**	**Good:**	**Outstanding:**
Client Experience	480	290	390

Award 3: Advisory / Consultation Service			
Required Modules:	**Award Points Available:**	**Good:**	**Outstanding:**
Infection Control	290	170	230
Outpatients	310	190	250
Pain Management	110	70	90
Surgery	340	200	270

Award 4: Diagnostic Service			
Required Modules:	**Award Points Available:**	**Good:**	**Outstanding:**
Diagnostic Imaging	90	50	70
Laboratory and Post-Mortem	330	200	260

The Awards will be available to all practice premises whether they are accredited to Core Standards or General Practice.

For a practice premises accredited to Core Standards some of the Awards may not be achievable due to the constraints of the premises or the work undertaken, however we would expect that they would be able to attain Awards in 'Team and Professional Responsibility' and 'Client Service'. Where a Core

Standards practice premises would like to apply for an Award it would also need to comply with the ‘General Practice’ requirements within the applicable Modules.

Modules

Module 1: Anaesthesia

CORE STANDARDS

Requirements	Guidance notes
1. A veterinary surgeon must administer general anaesthesia if the induction dose is either incremental or to effect.	

Module 1: Anaesthesia

GENERAL PRACTICE

Requirements	Guidance notes
1. A patient assessment is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic and recorded.	
2. Risk assessment of the patient is performed and recorded immediately before administration of any sedation, premedication or anaesthetic.	
3. Anaesthetic equipment must be subject to professional maintenance according to the manufacturers' recommendations.	Regular service records must be produced for all anaesthetic equipment.

Module 1: Anaesthesia

AWARD POINTS

There are no Award Points available in this module.

Module 2: Clinical Governance

CORE STANDARDS

Requirements	Guidance notes
1. Veterinary surgeons must ensure that clinical governance forms part of their professional activities.	Clinical governance is a framework to enable the practice to deliver good quality care by reflecting on clinical cases, analysing and continually improving professional practice as a result, for the benefit of the animal patient and the client/owner. Clinical effectiveness measures how well a particular procedure achieves the desired outcome. For practices to be clinically effective they need access to the best available evidence in order to discuss and draw up protocols and monitor how effective they are by clinical audit and significant event reviews. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the *RCVS Code of Professional Conduct.* http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-governance/ There is a useful practical guide on BSAVA website: www.bsava.com Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc. Evidence-Based Veterinary Medicine is a key focus of RCVS Knowledge. Further information and resources are available at: https://knowledge.rcvs.org.uk/evidence-based-veterinary-medicine/
2. Veterinary surgeons must refer cases as appropriate.	The Assessors will expect to see records of recent referrals or of case discussions where referral was recommended.

Module 2: Clinical Governance

GENERAL PRACTICE

Requirements	Guidance notes
1. The practice must have a system in place for monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.	Written evidence of regular clinical meetings, journal clubs or clinical protocols and guidelines.

Module 2: Clinical Governance

AWARD POINTS

This Module contributes towards the Award in 'Team and Professional Responsibility'.

Requirements	Behaviours	Guidance notes	Points
1. The practice has regular clinical meetings to which all clinical team members can input items for discussion.	Open, honest discussions with clear actions, no barriers to feedback.	Meetings should be monthly as a minimum and do not necessarily need to be face-to-face.	20
2. Following a significant event (e.g. unexpected medical or surgical complication, anaesthetic death, accident or serious complaint), a 'no-blame' meeting is held as soon as possible to consider what, if anything, could have been done to avoid it.	Open, honest discussions with clear actions, no barriers to feedback.	The meeting is recorded and any changes in procedure as a result are communicated to all team members.	30
3. Clinical protocols / guidelines are drawn up and reviewed following team discussion considering the evidence base.	Reviews of best practice.	Evidence of reviews of procedures and changes made as a result of review.	20
4. Copies of clinical protocols/guidelines are available for new team members and locum induction.	Consistent information is provided to all new team members.		20
5. There is a system for updating team members on the use of all new equipment, procedures and new medicines used in the practice.		Evidence of induction records and training.	20
6. Information from CPD courses is communicated to the practice team.	Sharing of professional knowledge and skills acquired with colleagues.		20
7. The practice runs regular journal clubs.		This forms part of the review of best practice.	10

8. There are protocols for referral that are regularly reviewed and known to all the practice team.		Evidence of regular review.	10
9. Clinical procedures carried out in the practice are audited and any changes implemented as a result.		There is evidence that some commonly used procedures are audited and that any changes required are implemented. This forms part of the regular review of best practice.	30
10. Regular morbidity and mortality discussions are held to discuss the outcome of clinical cases, and there are records of discussions and changes in procedures as a consequence.	Open, honest discussions with clear actions, no barriers to feedback.	Discussions should be ongoing or at least monthly and would ideally be face-to-face. Evidence of changes made as a result of such meetings.	20
11. The practice is contributing data towards professional benchmarking or clinical data collection.		This could include contributing data towards undergraduate projects.	20
12. The practice is contributing data for future potential publication.		This could include contributing clinical data to organised multicentre studies for potential publication.	40
		TOTAL POINTS AVAILABLE	**260**
		OUTSTANDING	**210**
		GOOD	**160**

Module 3: Client Experience

CORE STANDARDS

Requirements	Guidance notes
1. The practice must have an effective means of communication with its clients.	The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: a. The provision, initial cost and location of the out-of-hours emergency service; b. Information on the care of in-patients; c. The practice's complaints handling policy d. Full terms and conditions of business, to include for example: - Surgery opening times - Normal operating times - Fee or charging structures - Procedures for second opinions and referrals - Use of client data - Access to and ownership of records Evidence could include client information leaflets, emails to clients, and reminders. This information might be displayed on the website, provided to new clients and / or displayed in the surgery.
2. The practice must have a means of recording and considering client complaints.	
3. There is an effective system for referring all patients.	Referral communications are personal and directed from veterinary surgeon to veterinary surgeon. Relevant clinical team members understand the process of referral and can describe how a referral is made. This includes referrals and communication with paraprofessionals.
4. Veterinary surgeons must respond promptly, fully and courteously to clients' complaints and criticisms.	All team members should be aware of the practice's complaints procedure and know what to do in the event of a complaint or criticism

5. Options are discussed regarding methods of euthanasia and disposal of carcasses.	
6. Charges are discussed with clients.	The practice must be able to demonstrate how fee estimates are generated, and procedures of updating and informing clients of significant price changes.

Module 3: Client Experience

GENERAL PRACTICE

Requirements	Guidance notes
1. There must be a written policy to deal with clients' complaints or criticisms and the practice must keep a record of complaints received and the responses made.	This should be in line with guidance provided by the VDS or similar organization.
2. Team members should be effective at the prioritisation of emergency cases.	Practice team members who are responsible for answering phones should be aware of cases that require immediate emergency attention and how to communicate and liaise with veterinary surgeon(s) to provide appropriate attendance. Examples of acute trauma that may require urgent attention include fractures, wounds causing massive blood loss, staggers, milk fever, collapsed animals, calvings, lambings etc.
3. Clients are aware of the identity of clinicians primarily responsible for the care of their units.	
4. There should be sufficient telephone capacity and human resources to meet the workload of the practice.	It could be that the practice carries out a regular audit of time taken to answer calls.
5. There is an efficient system for regular and timely invoicing.	Statements should be provided at least monthly and sent in a timely fashion.
6. The practice is aware of government funding and other initiatives that are available to aid in the management of farm animal health and welfare.	Practice team to provide up to date information and actively promote to clients.
7. The practice must access and use animal health data from farms under their care.	Evidence must be available of proactive farm health management. The Assessor will expect to see the use of farm data. This many take the form of access to Heard Companion, Interherd, CIS (Cattle Information Service) records as well as ready access to farm records, farm-specific advisory notes for some or all of the practice clients.
8. The practice must produce regular newsletters.	These should be at least quarterly.
9. The practice holds client meetings at least twice a year.	It is acceptable for meetings to be held jointly with another practice(s). The Assessor will expect to see evidence of the meetings/training, for example, the contents of meetings, issues focused upon, as well as a record of the key points discussed.

Module 3: Client Experience

AWARD POINTS

Requirements	Behaviours	Guidance notes	Points
1. The practice has a means of monitoring client perceptions and feedback and acting on results.	A consistent and systematic approach to gathering feedback and evidence that analysis is done to determine any required action.	i. Feedback forms / client questionnaires ii. Focus Groups iii. Mystery Shopping iv. A Positive Net Promoter Score The Net Promoter Score (NPS) measures the loyalty between a customer and an organisation based upon the likelihood the customer would recommend the organisation to their friends. Further guidance will be provided before launch.	10 10 10 10
2. Use of RCVS Pre-PSS Inspection Client Questionnaire.		Note: The RCVS is developing a survey for practices to use which will be ready when the Scheme in launched in November 2015.	40
3. A member of the team has undertaken training in the last four years in communication and handling difficult situations and provided internal training to the team.		This might include an external course, webinar, online resources and documented self-study.	10
4. There is an appointment system for forward booking named veterinary surgeons.			10
5. Clients are provided with a designated veterinary contact.			10
6. Team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations.		This might be demonstrated by client feedback.	40
7. The practice has an online presence which is updated with latest information on opening times, services and team members.			10
8. A range of media is used to communicate		This might include social media, newsletters etc.	20

and interact with clients.			
9. The time taken to answer the telephone is monitored and is within reason.			20
10. Team members have received training on customer service within the last 5 years.			30
11. The practice is qualified in Investors in People or Investors in Customers.			30
12. A method is in place to monitor the client understanding of the advice provided by the practice.			10
13. There are current and relevant notice boards in the public areas of the practice.		Details of current topical items, education.	20
14. There is a documented annual review of appointment scheduling procedure.		This enables an assessment to be made regarding demand for early/late/weekend appointments.	10
15. Team members are educated to understand PSS and can communicate this to clients.		Evidence is required that team members know their practice accreditation level and any Awards achieved, what the scheme means and why the practice participates.	40
16. There is a system in place for the collection of medicines out-of-hours.		A degree of secure access and environmental controls should be considered.	10
17. There is a system in place for the delivery of repeat dispensed medicines.			10
18. There should be a culture of reviewing and learning from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.		Evidence of a record of the feedback and where appropriate investigation and action as a result. The Assessor will speak to team members to understand better the attitude towards clients.	30
19. There is a method of informing clients when consultations/visits are running behind.			10
20. Regular (annual) audit of herd / flock sizes are undertaken.			10

21. Monthly newsletter with up to date information on local initiatives and relevant issues are produced.		Practice team to keep up to date with farm issues and offers that available - must communicate this in variety of ways e.g. written, email, website, social media.	20
22. Systems are in place for written reports to be provided as routine.	Farm to be provided with written reports from advisory visits, laboratory investigations and herd health planning. Any action points to be discussed with plan made and followed up.	Written or emailed - but must be made available or attached to clinical records.	50
		TOTAL POINTS AVAILABLE	**480**
		OUTSTANDING:	**390**
		GOOD:	**290**

Module 4: Diagnostic Imaging

CORE STANDARDS

If the practice does not have an x-ray Machine, only requirement 1 is applicable.

If the practice has an x-ray machine, practices must meet requirements 2-18.

Requirements	Guidance notes
1. Core practices must be able to demonstrate what system/procedure/protocol is in place if a patient requires an x-ray.	Practice protocols / team members can explain.
2. The x-ray machine must be serviced according to manufacturer's requirements and there must be written evidence of a satisfactory report.	The Assessor will ask to see the x-ray machine's service records.
3. The x-ray machine must have a functional collimator.	The x-ray beam must be collimated so as to leave a margin of unexposed film on all edges of the radiograph.
4. Sufficient personal protective equipment must be provided and examined at regular intervals.	All protective clothing must be thoroughly examined on an annual basis and a record kept. Regular inspection of safety equipment must be recorded. When necessary protective equipment sufficient for all personnel involved is provided; aprons with a lead equivalence throughout of not less than 0.25mm, and, when animals are held, hand and forearm protectors with a lead equivalence of not less than 0.5mm. When not in use, aprons should be stored and transported appropriately to avoid damage. Personal protective equipment may not be required where a practice confirms that: • Animals are never held; and • There are no circumstances where team members enter the controlled area when the x-ray machine is switched on; and • The isolation switch for the machine is located out with the controlled area; and • The practice provides written confirmation from their RPA that the situation is acceptable.

5. There must be suitable radiographic processing facilities (conventional or digital) used and maintained in accordance with the manufacturer's instructions to avoid wasted exposures.	Good processing techniques are essential to avoid unnecessary exposures.
6. For wet processing of film the processing area must be ventilated and chemicals handled and disposed of according to current legislation and best practice guidelines.	In particular, the development time, temperature and replenishment must be in accordance with the manufacturer's instructions. All x-ray chemicals must be stored safely and disposed of in an appropriate manner. See BSAVA Good Practice to Handling Veterinary Waste for further information: http://www.bva.co.uk/uploadedFiles/BVA_Good_practice_guide_to_handling_veterinary_waste_in_England_and_Wales.pdf Advice of relevant local water authorities must be obtained and recorded unless all material is disposed of by a registered contractor. Silver traps may be used in accordance with guidance/approval from the relevant local water authority.
7. Evidence must be provided of diagnostic quality imaging by/or on behalf of the practice for the range of species treated.	The Assessor will wish to see a range of diagnostic images and/or reports as appropriate, e.g. radiographs, ultrasound images, endoscopic images etc. covering appropriate regions of the body.
8. Sufficient means of mechanical and chemical restraint must be provided for the range of species treated.	Suitable drugs and equipment for anaesthesia or sedation must be available. As well as radiographic aids e.g. foot blocks, plate holders, rope halters, head stand.
9. A suitable and sufficient assessment of the risks of ionising radiation must be made for the purpose of identifying the measures to restrict exposures to employees and other persons.	The risk assessment must be sufficient to demonstrate that: • All hazards with a potential to cause a radiation accident have been identified. • The nature and magnitude of the risks have been evaluated. • Where the risk assessment shows the existence of a risk of a reasonably foreseeable radiation accident, the radiation employer shall take all reasonable steps to: Prevent any such accident; Limit the consequences of any such accident; Provide employees with such instruction and training as is necessary to restrict their exposure.
10. The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to	The Assessor will ask to see an agreement with an RPA, including the scope of the activities upon which advice is required. RPAs previously appointed under

veterinary practice.	IRR85 must be reappointed in writing. The Assessor will ask to see a copy of the last RPA report, together with evidence that any recommendations have been complied with. The precise frequency of visits by an RPA will be discussed and agreed between the RPA and the practice. Material changes in e.g. equipment or workload must be notified to the RPA, who will decide if a visit is required. Practices should note that a Certificate of Competency issued to an RPA does not automatically denote experience of veterinary practice and suitable enquiries should be made. A list of the RPA 2000 Certificate holders is available from: http://www.rpa2000.org.uk/list-of-certificate-holders/
11. The practice must appoint a Radiation Protection Supervisor (RPS) in writing. The Assessor will ask to see a written appointment of one or more suitable RPSs.	The RPS must command sufficient authority to supervise the work so that it is performed in accordance with the local rules and have an adequate understanding of the requirement of the Ionising Radiation Regulations. They must also know what to do in an emergency. The Assessor will expect to speak to the RPS during the visit.
12. The practice must notify the Health and Safety Executive (HSE) of their use of ionising radiations.	Veterinary use of ionising radiations requires prior notification to the HSE at least 28 days before commencing such work for the first time. Where any subsequent changes are made to the work with ionising radiations, which would affect the particulars given in the notification, the changes must be notified to the HSE immediately. In the absence of a copy of the letter sent by the practice to HSE (and for practices in business for a number of years and without any formal documents) the practice should send a fax or email (irrnot@hse.gov.uk) to the HSE and retain a copy of the notification for their records. There is no specific form for notifying HSE but notification must be in writing to the local HSE office and the Assessor will require a copy. Notification should include: • Name and address of Radiation Employer. • Address of premises where the work is carried out.

	• Nature of the business of the employer. • Category of the source of the ionising radiations. • Whether or not any source is to be used at premises other than the address of the work premises. • Dates of notification and commencement of the work activity.
13. A copy of Guidance Notes for the Safe Use of Ionising Radiations in Veterinary Practice (IRR 1999) must be available to all members of the practice.	These guidance notes do not seek to give detailed and comprehensive advice on all aspects of the use of ionising radiations in the veterinary profession and the practice must have consulted an RPA.
14. There must be a system of personal dose monitoring for all persons entering the controlled area(s) as agreed with the appointed RPA. Records must be maintained of the doses received for at least two years.	The arrangements for personal dose monitoring must be made in consultation with the RPA. Any personal dose meters should normally be worn on the trunk. They must not be left inside a controlled area when not being worn and must be stored away from sources of ionising radiations and extremes of temperature. They must only be worn by the person to whom they are issued.
15. Written local rules must be approved by the RPA and clearly displayed to all team members.	Local rules must be displayed in or near each x-ray room and MUST contain: • Name of RPS; • Controlled area – when and where it exists; • Dose investigation level; • Contingency plan; • Written arrangements; • Name, address and telephone number of RPA; • Duties of RPS; • How entry to controlled area is restricted; • Arrangements for maintenance of equipment; • Dosimetry arrangements; • Use, storage and inspection of Personal Protective Equipment (PPE). Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules. Separate local rules must be agreed with the RPA in respect of any separate dental x-ray equipment.
16. A controlled area(s) must be designated in accordance with advice from the RPA. It must also be adequately described in the local rules, physically demarcated where practical and provided with suitable and sufficient signs and warnings, all in accordance with	Within practice premises a specified room or rooms must be designated for radiography. It is desirable but not essential that the room is used solely for radiography.

the RPA's advice.	It is recommended that appropriate warnings are provided at the entrances to controlled areas.
17. A record of all x-ray exposures, which contains a chronological record of the patient details, date, region radiographed, exposure factors and personnel involved, and the quality of the resultant radiograph; must be available/easily retrievable.	The practice must provide a permanent record of all x-ray exposures and records and identify the persons involved. Digital systems should also have a recording of exposures – not just to ensure the settings work but to record the personnel involved. If digital systems have a section for reporting the quality of images, this can be recorded there. Suitable back-up must be provided for any electronic records. An exposures guide should also be available. A chart or specific list of commonly used exposures is more accessible than an x-ray logbook and helps to reduce the number of incorrect exposures.
18. The practice has a written protocol in place for radiography away from the premises which has been approved by the RPA.	

Module 4: Diagnostic Imaging

GENERAL PRACTICE

Requirements	Guidance notes
1. The practice must provide ultrasound diagnostic equipment suitable for the species treated.	
2. The practice maintains records of the findings of all ultrasonographic examinations.	

Module 4: Diagnostic Imaging

AWARD POINTS

This Module contributes towards the Award in 'Diagnostic Service'.

Requirements	Behaviours	Guidance notes	Points
1. Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners.		E mail, CDs, memory sticks, etc. Images should be in DICOM format or other easily accessed formats.	20
2. A range of images are available for reference.		Images of normal patients and those with common conditions.	20
3. CPD reference material is available.		Text-books, electronic resources.	10
4. Refresher diagnostic imaging CPD has been undertaken in the last 2 years, by at least one team member.		General - refresher/improving.	10
5. Evidence is provided of training or CPD for team members in use and routine maintenance of all imaging equipment available within the practice.		Reference material must be available and team members will be interviewed by Assessors.	30
		TOTAL POINTS AVAILABLE	**90**
		OUTSTANDING	**70**
		GOOD	**50**

Module 5: Infection Control

CORE STANDARDS

Requirements	Guidance notes
1. The practice must have a biosecurity policy.	The practice biosecurity policy should include requirements for personal hygiene, cleanliness and disinfections for: Premises and equipment. Personal protective equipment. Clothing. Vehicles. A 'barrier' should be created between clinical and non-clinical areas. Veterinary surgeons returning from calls should consider the cleanliness of their clothing.
2. The practice must have disinfection and/or sterilisation facilities suitable for the work undertaken. There must be adequate facilities for sterilisation, and a recognised method of sterilisation must be employed. The practice must provide an autoclave, vacuum or non-vacuum or other recognized sterilisation systems, for the effective sterilisation of instruments and equipment.	
3. 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 must be titled as such, and must specify how and when the autoclave(s) must 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). Only pressure vessels over 250 bar litres are covered by the Pressure Systems Safety Regulations (2000). All autoclaves would come into this category and each would require both a written Scheme of Examination and Certificate of Inspection. Dental machines are unlikely to work at such high pressure and so are

	usually exempt from the provisions. 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. A Written Scheme may be obtainable from the manufacturers.
4. Each clinical area must have facilities for safe disposal of sharps, hazardous and non-hazardous waste.	This includes practice vehicles. Team members should be trained in safe disposal. See BVA Good Practice Guide to Handling Waste for further information: http://www.bva.co.uk/uploadedFiles/BVA_Good_practice_guide_to_handling_veterinary_waste_in_England_and_Wales.pdf
5. The practice must have a written policy for dealing with zoonotic cases that is known to all team members.	Team members must be trained to implement the SOP, which must include: • Details of waste disposal; • Protective clothing to be worn; • Disinfection of all utensils/equipment; • Designated persons to be responsible; • Reference to COSHH; • Health and Safety information pertaining to the risks of dangerous pathogens and zoonoses;
6. Procedures must be in place to minimise cross-infection. Cleaning and disinfection materials must be readily available and used.	Risk based disinfection must be done between patients.
7. Hand washing facilities must be available for all team members.	
8. Washing and disinfectant facilities must be provided in areas where animals are accommodated.	The expectation is that each clinical area will have its own washing facilities. Hand sanitisers alone are not suitable.
9. Appropriate PPE is readily available and used.	Disposable overalls and gloves should be available. Waterproof clothing is available and is thoroughly cleaned and disinfected

	between units.
10. Vehicles used for practice must be clean and well maintained. There must be clear segregation of clean and contaminated items and protective clothing and safe storage and transport of waste materials including sharps.	
11. Cleaning and disinfection materials must be readily available and used.	

Module 5: Infection Control

GENERAL PRACTICE

Requirements	Guidance notes
1. Written cleaning protocols for all vehicles and clinical areas of the practice are required and must be regularly audited and recorded.	The frequency of cleaning will vary according to the clinical area and caseload.

Module 5: Infection Control

AWARDS POINTS

This Module contributes towards the Awards in 'Team and Professional Responsibility' and 'Advisory/Consultation Service'.

Requirements	Behaviours	Guidance notes	Points
1. The practice has a designated individual responsible for infection control.			30
2. The practice has written protocols in place for infection control, which are known to all team members and evidence can be produced that these are being used. These should include:			
Cleansing and disinfection between farms.			20
Cleansing and disinfection of vehicles.			20
Correct preparation and use of disinfectants.			20
3. Appropriate PPE is provided and changed between units.			20
4. Work uniforms are worn during clinical activities.		This should be appropriate for the biosecurity required.	20
5. The practice has protocols in place for the identification and management of cases of infection involving antimicrobial resistant bacteria.			30
6. There should be regular audits of infection control.		For example: Outcome audits of post-operative infection. Process audits of cleaning and disinfection procedures.	20
7. The practice provides advice and education to its clients on antimicrobial resistance, anthlemintics, zoonoses, infection control and biosecurity.		Detailed biosecurity protocols will be provided as a part of health plans. The practice could also provide educational materials on biosecurity and infectious disease.	50

		See BVA website for further information: http://www.bva.co.uk/News-campaigns-and-policy/Policy/Medicines/Antimicrobials/ http://www.bva.co.uk/News-campaigns-and-policy/Policy/Medicines/Anthelmintics/	
8. The practice has a policy on the use of multi-injection guns and where clients are required to use these, correct instructions are given.		Includes Mclintock Syringes and multi-injectors.	20
9. The practice has procedures in place to ensure team members are aware of emerging infectious diseases.			20
10. The practice has procedures in place to ensure clients are aware of emerging infectious diseases.			20
		Total points available:	**290**
		Outstanding:	**230**
		Good:	**170**

Module 6: Laboratory and Post Mortem

CORE STANDARDS

If the practice does not have an in-house laboratory only points 1-16 apply.

Requirements	Guidance notes
1. Where pathological samples are sent to external organisations, a suitable range of containers, envelopes and forms must be available.	
2. There must be an SOP for the post and packaging of pathological samples which complies with current packaging regulations.	A copy of current postal and other carrier's requirements should be available.
3. There must be adequate facilities for storage of specimens and reagents, including refrigeration, and disposal of waste materials.	It is acceptable for laboratory samples which are already securely packaged and in a separate closed box to be stored in the same fridge where vaccines and other medications are kept.
4. A list of persons trained in handling laboratory specimens and in the risks of laboratory work must be kept.	
5. The results of all laboratory tests must be stored so as to permit easy retrieval. Data must be stored safely in an easily retrievable form.	
6. The practice has reference materials applicable to the tests carried out.	
7. The practice identifies specimens with: - Patient ID - Date of collection - Tests required - Method of collection if applicable	
8. Waste is disposed of appropriately.	
9. Adequate post-mortem facilities must be available or other arrangements made.	
10. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased, or an external laboratory may provide facilities, in which case, adequate	When conducting post-mortem examinations full consideration must be given to the health and safety issues. Adequate risk assessment and protocols need to be undertaken and consideration must be given to the provision of suitable protective clothing to guard against zoonoses and spread of infection.

licensed arrangements must be in place for the transport of carcases or diagnostic quality examination to be performed.	
11. Adequate Health and Safety procedures must be in place if post-mortem examinations are conducted on site.	
12. When making arrangements for a post-mortem examination the practice must ensure that clients are made aware of the level of procedure being undertaken, i.e. whether or not it will involve a full pathological examination, as well as the costs involved.	The practice must ensure that clients are made aware of the level of procedure being undertaken, i.e. whether or not an autopsy will involve a full pathological examination with detailed autopsy and tissue sampling, as well as the costs involved and whether post mortem is carried out by the same practice group or otherwise.
13. Where potential zoonotic agent is suspected protocols for control of spread are followed.	Adequate risk assessment and protocols need to be undertaken and consideration must be given to the use of active filtered air extraction, the provision of suitable additional adequate protective clothing and the use of glove boxes or similar, to guard against zoonoses. Team members, clients and statutory authorities are informed.
14. The practice has designated resources e.g. books, manuals etc that identify external laboratory tests available to the practice team.	
15. PPE is available and used.	
16. The practice laboratory meets any statutory requirements.	
17. The laboratory procedures must be performed in a clean and tidy designated area used specifically for that purpose.	The designated area does not have to be a separate room and may, for example, be part of the dispensary or the preparation area. However, the designated area/bench must be clearly used only for laboratory purposes and must be made of impervious material.
18. Only trained personnel perform laboratory tests.	Evidence must be provided of training or CPD for team members in use of all equipment. A list of people trained in handling laboratory specimens and in the risk of laboratory work must be kept. The practice must have a system in place to know where to send the samples for suitable testing.
19. The laboratory has: - Adequate space for performance of tests - Adequate space for storage of reagents - Surfaces which permit efficient handling of specimens - Adequate space for equipment - Countertops and sinks of suitable construction - Adequate heating and lighting	There must be an SOP in place for accessing hand washing facilities in an adjacent room if none is available in the laboratory.

- Adequate electrical circuits and outlets - Adequate facilities for hand washing.	
20. In house laboratory has a log or similar tracking mechanism to ensure results are received, reviewed by veterinary surgeon and conveyed to clients. The log should include: - Patient ID - Date of sample collection - Time of sample collection - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client	
21. There must be suitable arrangements for quality control of automated practice laboratory tests. Periodic control tests as per the manufacturer's instructions are run and the results documented and acted upon where necessary.	Periodic controls as per the manufacturer's instructions to test the machine is running correctly and is calibrated correctly.
22. Equipment is maintained according to manufacturer's instructions and this is recorded.	
23. The practice disposes of test kits and reagents upon expiration.	
24. Reagents are stored according to manufacturer's instructions.	
25. Reference range values are available for each species commonly dealt with by practice.	
26. The practice has a system in place to ensure suspected notifiable diseases are reported to the appropriate authority.	

Module 6: Laboratory and Post Mortem

GENERAL PRACTICE

Requirements	Guidance notes
1. The practice has laboratory capability either in the field or on practice premises for the following: - Method of measuring PCV - Binocular microscopy (with a range of objective lenses and light source) - Refractometer - Cytology stains	Evidence will be required that some of the following tests are being performed and should be appropriate to caseload of the practice. - Cytology (e.g. Urine, skin scrape, semen) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) - PCV - Dip stick tests - Snap tests
2. In addition to internal quality control of automated laboratory tests, external quality assurance by reference of internal samples to external labs or internal analysis of external samples must be routinely undertaken and the results documented and acted on where necessary.	EQA is the analysis of samples by reference to an external laboratory performed either by comparing samples run internally with the same paired sample run externally or by internal analysis of control reagent received from the laboratory through a QA scheme. The frequency of testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.

Module 6: Laboratory and Post Mortem

AWARD POINTS

This Module contributes towards the Award in 'Diagnostic Service'.

Requirements	Behaviours	Guidance notes	Points
1. Outside laboratory services should be provided by a laboratory affiliated with the appropriate disease eradication / monitoring schemes.			20
2. Histopathology is performed by pathologists with relevant qualifications.			20
3. Cytology (e.g. blood smears, faecal smears, peritoneal fluid, BALs) is performed by team members specifically trained in this discipline.			20
4. The practice performs routine bacteriology relevant to its workload (e.g. Mastitis samples).			20
5. The practice monitors culture and sensitivity / MIC results to follow local trends in bacterial resistance and informs treatment regimes.			20
6. The practice actively engages with its clients (e.g. Through HHPs, newsletters educational events) on the importance of routine disease surveillance and laboratory testing for diseases such as mastitis.			20
7. The practice records artefacts e.g. lipaemia, haemolysis in order to identify potentially rectifiable problems.			10
8. The practice routinely performs worm egg		Results of faecal egg count reduction tests	20

counts and records results.		are recorded as an indication of anthelmintic resistance.	
9. Practice team members training is updated annually and documented.			20
10. The practice has a means of measuring BHB in ruminants.			10
11. The practice has arrangements in place that allow for a full post-mortem to be undertaken on all species they deal with. This includes all sizes of animal up to and including adult cattle.			30
12. Post-mortem examinations are undertaken by individuals with further training.		Individuals have attended appropriate CPD in the last 2 years.	30
13. The practice has a method of measuring Somatic Cell Counts in milk samples.			10
14. The practice makes use of "penside" diagnostic tests to inform treatment decisions for commonly encountered conditions such as calf scour.			20
15. The practice has equipment for on farm nutritional monitoring.			10
16. The practice has a microscope with a heated stage for assessment of semen samples.			10
17. There is a nominated person in overall charge of the laboratory facilities.			20
18. If bacteriology is undertaken on site, adequately trained technicians must be available.	Evidence of appropriate training for accurate interpretation and regular quality control of bacterial cultures is required.		20
		TOTAL POINTS AVAILABLE:	**330**
		OUTSTANDING:	**260**
		GOOD:	**200**

Module 7: Medicines

CORE STANDARDS

Requirements	Guidance notes
1. The dispensary must be operated in accordance with the guidelines laid out in the current BVA Good Practice Guide on Veterinary Medicines or BSAVA Guide to the use of Veterinary Medicines, or similar.	
2. A record of premises and other places where medicines are stored or kept must be available.	A means of recording the transfer of VMP's to other premises, store or vehicle should be implemented to ensure traceability and enable stock reconciliation.
3. Medicines must not be available for self-service except those with a category AVM-GSL.	
4. All medicinal products must be stored in a clean and tidy location in accordance with manufacturers' recommendations and appropriate records kept.	All VMPs should be stored on appropriate and secure shelving; in such a way as to be protected from adverse effects of light, temperature extremes and moisture. It is acceptable for small quantities of drugs to be in consulting rooms for use during consultation. These should be kept to a minimum and should be in drawers/cupboards. POM-Vs should be placed out of sight in closed cupboards (not glass-fronted) or drawers, but there is no requirement for cupboards to be locked.
5. The advertising of POM-V and POM-VPS products may only be aimed at appropriate persons, which do not include the general public. This includes adverts on websites, brochures and those displayed in retail areas to which the general public have access.	
6. If it is stipulated that a medicine be used within a specific time period, it must be labelled with the opening date or use by date, once broached.	Medicines should be checked on a regular basis to ensure they are within the specific time period.
7. Accurate records of POM-V and POM-VPS medicines received and supplied must be kept.	See VMD guidance note 14 for further guidance on record keeping:

	https://www.gov.uk/government/publications/record-keeping-requirements-for-veterinary-medicines-vmgn-14 **Records of products administered to food-producing animals by a veterinary surgeon:** A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter: Name of the veterinary surgeon Name of the product and the batch number Date of administration of the product Amount of product administered Identification of the animals treated Withdrawal period **Records of products administered to food-producing animals under the Cascade:** A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record: Date of examination of the animal(s) Name and address of the owner of the animal(s) Identification and number of animals treated Result of the veterinary surgeon's clinical assessment Trade name of the product if there is one Manufacturer's batch number shown on the product, if there is one; Name and quantity of the active substances Doses administered or supplied Duration of treatment Withdrawal period. When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" not every individual animal's number.
8. Records of medicines administered to food-producing animals must include batch numbers.	

9. Premises should have Veterinary Medicinal Product (VMP) storage areas clearly separated from food /drink for human consumption, toilet and washing areas.	
10. POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public.	
11. Monitoring and recording of temperatures wherever medicines are stored must be undertaken, including vehicles.	There must be proper monitoring and recording of maximum and minimum temperatures in the refrigerator and dispensary, and where temperatures have been recorded outwith the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected medicines. Consideration should be given to the use of alarms to indicate when temperatures stray out of set parameters. Data loggers and maximum/minimum thermometers will provide constant monitoring. However, for those without an alarm to warn of temperature deviations, and for maximum/minimum thermometers, checks are required to be made daily and the inspector will ask to see written records, produced on a weekly basis, showing the results for the week. If maximum and minimum temperature recordings are being taken wherever medicines are stored it is not necessary to take additional recordings of ambient temperatures. Ideally temperature sensitive medicines should only be taken out on vehicles on a “by use” basis, but whether being stored or transported, measures should be taken to ensure that products remain within the temperature range specified on their SPC, e.g. by use of a cool box or refrigerated unit.
12. An adequate supply of medicines and materials used in the treatment of patients must be readily available.	
13. There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation.	Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.
14. At least once a year a detailed audit should be carried out and incoming and outgoing medicines reconciled with medicines held in stock and any discrepancies recorded.	A practice must be able to demonstrate to the Assessor the ability to carry out a detailed audit as clarified by the VMD. In addition, the Assessor will ask to see a full audit and reconciliation of all Schedule 2 controlled drugs i.e. the Register.

15. Medicines should be disposed of in accordance with the current legislation.	Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include: - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations. - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no, personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary staff and family members are specifically excluded. - A person authorised to witness the destruction of Controlled Drugs und the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer. - A list of Police CD Liaison Officers can be found at: http://www.apcdlo.org.uk/contact.html - A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity. - A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but it is considered good practice to do so. Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed.
16. If Controlled Drugs are kept, these must be stored and recorded according to current legislation. Schedule 2 Controlled Drugs and certain Schedule 3 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. Controlled drugs are regulated by the Misuse of Drugs	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 2001, as amended). The inspector will ask to see the Controlled Drugs cabinet and registers (a register should be kept for each controlled drug) and prescriptions against which supplies of Controlled Drugs of Schedule 2 and 3 have been made,

Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. **Schedule 1**: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. **Schedule 2**: Includes etorphine, fentanyl, morphine, papaveretum, pethidine, diamorphine (heroin), cocaine and amphetamine. Record all purchases and each individual supply (within 24 hours). Registers must be kept for two 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. Failure to comply with this Act can lead to prosecution. **Schedule 3**: Includes tramadol, buprenorphine, pentazocine, the barbiturates (e.g. pentobaritone and phenobarbitone but not quinalbarbitone - now Schedule 2) and others. Subject to certain exemptions, Schedule 3 drugs must be kept under safe custody (locked secured cabinet), 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 five years is necessary. **Schedule 4**: Includes most of the benzodiazepines (temazepam is now in Schedule 3) and androgenic and anabolic steroids (e.g. clenbuterol). **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 five years.	to confirm in particular: • That appropriate records are kept; • That any out-of-date Controlled Drugs have been destroyed by an authorised person. • For supplies of Controlled Drugs of Schedules 2 and 3, against other veterinary surgeon's prescriptions; * The prescriptions have been retained at least two years; * The date on which the supply was made is marked on the retained prescriptions; * The supply of Controlled Drugs was made within 28 days of the appropriate date on the prescription (also for supplies of Controlled Drugs of Schedule 4); * The name of the person who collected the controlled drugs is recorded in the Controlled Drugs Register (for Controlled drugs of Schedule 2 only). An example of a Controlled Drugs register which details the information that needs to be recorded can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367071/ExampleCDregister.pdf It is expected that running totals will be kept and checks against stock carried out at least weekly. It is considered good practice to have a written SOP setting out who is authorised to access the Controlled Drugs cabinet and for what purposes. The SOP may also cover ordering (requisition), receipt, supply, disposal of Controlled Drugs and the regular changing of codes if a keypad safe is used. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD Guidance Note 20 for further guidance. https://www.gov.uk/government/publications/controlled-drugs-and-the-

	misuse-of-drugs-regulations-vmgn-20
17. Ketamine may be the subject of misuse and, therefore, must be stored in the controlled drugs cabinet and its use and witnessed destruction recorded in an informal register.	The requirements for entries for the informal ketamine register are the same as for the Register (though the entries need not be signed). It is expected that running totals will be kept and checks against stock carried out at least weekly.
18. The practice must carry out a full audit and reconciliation of all Schedule 2 controlled drugs and Ketamine. There must be SOPs for storage and recording of Controlled drugs.	It is expected that running totals will be kept and checks against stock carried out at least weekly. The SOPs should include details of: - who has access to controlled drugs - who is responsible for checking stock against the register - who to alert in the event of a discrepancy
19. Medicines must be prescribed and supplied according to current legislation.	A veterinary surgeon who prescribes a POM-V medicine must first carry out a clinical assessment of the animal and the animal must be under his or her. See Chapter 4 of the supporting guidance to the *RCVS Code of Professional Conduct.* http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/veterinary-medicines/ A veterinary surgeon who prescribes a POM-V or POM-VPS medicine must be satisfied that the person who will use the product will do so safely, and intends to use it for the purpose for which it is authorised. POM-V and POM-VPS medicines may be prescribed and supplied by a veterinary surgeon. Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon and the supply made by another veterinary surgeon (or a pharmacist) on the authority of that prescription. There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements. Medicated feeding stuffs containing POM-V medicines may only be prescribed by a veterinary surgeon. A veterinary surgeon or SQP may prescribe a feeding stuff containing a POM-VPS medicine. Additional approval as a Distributor is required to supply medicated feeding stuffs.

	(For further information please refer to VMGN 17 Medicated Feeding stuff and Specified Feed Additives, which is published on the VMD's website) http://www.vmd.defra.gov.uk/public/vmr_vmgn.aspx
20. **PRESCRIBING WITHOUT SUPPLYING** If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he, or she must: • Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contra-indications on the label or package leaflet; • Not prescribe more than the minimum amount required for the treatment(see exemptions in Schedule 3 paragraph 7 of the VMRs).	Use of the BVA prescription form is recommended.
21. **PRESCRIBING WITH SUPPLY** If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must: • Advise on its safe administration and, as necessary, on any warnings or contraindications on the label, package leaflet; • Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMRs).	A Suitably Qualified Person (SQP) under the Veterinary Medicines Regulations is under similar requirements for the prescription and supply of POM-VPS medicines.
22. **SUPPLY IN THE ABSENCE OF THE VETERINARY SURGEON** Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must: • Authorise each transaction individually before the medicine is supplied; • Be satisfied that the person handing it over is competent to do so.	A veterinary surgeon could meet the requirement to authorise each transaction by: • Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine; • Making a note on a client's record that repeat prescriptions could be supplied to the client; • A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied; • In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply.
23. **SUPPLY OF NFA-VPS MEDICINES BY A VETERINARY SURGEON OR SQP** If a veterinary surgeon or SQP supplies an NFA-VPS they must: • Be satisfied that the person who will use the medicine will do so	Re SQPs, the Assessor will ask to see SOP for procedures for supplying POM-VPS/NFA-VPS.

safely, and intends to use it for the purpose for which it is authorised; • Each time the medicine is supplied, advise on its safe administration and on any warnings or contra -indications on the label, package leaflet; • Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3, paragraph 7 of the VMRs).	
24. In the case of supply of sheep dips, the customer/user must provide a certificate of competence in the safe use of sheep dips and must be provided with two pairs of gloves with every product prescribed and supplied, as well as a laminated notice. Sheep dip certificate numbers must be retained for at least three years.	
25. All containers and outer packs dispensed by the practice must be legibly and indelibly labelled with sufficient information:	**MEDICINES OTHER THAN POM-Vs** All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine. **POM-V** All POM-V medicines supplied by the practice must be labelled with the following information: • The name and address of the animal owner; • The name and address of the veterinary practice supplying the medicine; • The date of supply; • 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 and directions for use. **MEDICINE SUPPLIED FOR USE UNDER THE CASCADE** Medicines for supply under the Cascade, must include the following additional information: • Identification of the animal or group of animals;

	• Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual. And, unless already specified on the manufacturer's packaging: • Any special precautions; •The expiry date; • Any necessary warnings for the user, target species, administration or disposal of the product; • A specified withdrawal period.
26. Veterinary medicinal products must be supplied in appropriate containers.	For loose tablets, gloves must be worn when dispensing. Loose tablets and capsules must be dispensed in crush-proof and moisture-proof containers. Sachets and manufacturers' strip or blister pack medicines should be dispensed in paperboard cartons, wallets or paper envelopes. A veterinary surgeon may break open any package containing a VMP. Where VMPs are supplied in a container other than that specified in the MA, the veterinary surgeon must ensure that the container is suitably labelled and must supply sufficient written information to enable the product to be used safely, e.g. a copy of the SPC or package leaflet can be provided, or appropriate information such as usage instructions, warnings and contra-indications can be included on the dispensing label.
27. Practices must make clients aware that they can request a prescription.	Advise clients, by means of a large and prominently displayed sign or signs (in the waiting room or other appropriate area), with reference to the following: * "Prescriptions are available from this practice." * "You may obtain Prescription Only Medicines, Category V, (POM-Vs) from your veterinary surgeon OR ask for a prescription and obtain these medicines from another veterinary surgeon or a pharmacy." * "Your veterinary surgeon may prescribe POM-Vs only for animals under their care." * "A prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary." * "You will be informed, on request, of the price of any medicine that may be dispensed for your animal." * "The general policy of this practice is to re-assess an animal requiring repeat prescriptions every [xx] months, but this may vary with individual circumstances. The standard charge for a re-examination is £[xx]."

	*"Further information on the prices of medicines is available on request." The practice should provide new clients with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter or terms of business document. On a continuing basis, the practice should take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter. Reasonable steps may include a combination of practice leaflets, client letters, and information on practice websites.
28. Provide the price of any relevant veterinary medicinal product stocked or sold, to clients or other legitimate enquirers making reasonable requests.	If requested, inform clients of the price of any medicine to be prescribed or dispensed. Where possible and relevant, inform clients of the frequency and charges regarding further examinations of animals requiring repeat prescriptions. Provide clients with an invoice that distinguishes the price of relevant veterinary medicinal products from other charges and, where practicable, provide clients with an invoice that distinguishes the price of individual relevant veterinary medicinal products.
29. Medicines must be used in accordance with the legislation commonly referred to as "the Cascade".	The Assessor will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. Human generic preparations must not be used other than under Veterinary Medicines Guidance Note 13 (VMG13) which allows for the welfare of animals to be a primary consideration in the choice of treatment: https://www.gov.uk/government/publications/the-prescribing-cascade-for-veterinary-medicines-vmgn-13 The Assessor will ask to see completed Cascade consent forms – not just that a stock of blank forms is held. The VDS can supply a suitable template for these consent forms.

	http://www.veterinarydefencesociety.co.uk/ If there is no suitable authorised veterinary medicinal product in the United Kingdom for a condition in a particular species, in order to avoid unacceptable suffering veterinary surgeons may exercise their clinical judgement according to the "Cascade", whereby they select in the following order: • A veterinary medicinal product authorised in the United Kingdom for use with another animal species, or for another condition in the same species; • If, and only if, there is no such product that is suitable, either: * A medicinal product authorised in the United Kingdom for human use or * A veterinary medicinal product not authorised in the United Kingdom but authorised in another European Member State for use with any animal species (in the case of a food-producing animal, it must be a food-producing species) (see Special Import Certificate VMD Guidance Note 7); • If, and only if, there is no such product that is suitable, a veterinary medicinal product prepared extemporaneously by a pharmacist, a veterinary surgeon or a person holding a manufacturing authorisation authorising the manufacture of that type of product; • If a veterinary surgeon considers that there is not a suitable veterinary medicinal product authorised in the UK or another EU Members state to treat a condition then it is possible to apply for a Special Treatment Certificate (STC) to import a suitable authorised product from outside the UK. A STC will not be issued if a suitable product is authorised and available in the UK or in another EU Member State.
30. Consent for products supplied under the Cascade is required.	It is not acceptable to use an all embracing "general" lifelong consent for any and all off-label products that might be given to any animal. Specific consent needs to be obtained for each unauthorised medicine used, however it is acceptable where there is a specific ongoing condition requiring unauthorised medicine for a lifelong consent form to be used for that particular medicine in that particular animal. Similarly in the case of exotics where there are no licensed products available, it is acceptable to use lifetime consent. The Assessor will ask to see completed off-label forms – not just that a

	stock of blank forms is held. The VDS can supply a suitable template for these consent forms. http://www.veterinarydefencesociety.co.uk/
31. A suspected adverse event or lack of efficacy to a veterinary medicine must be reported promptly to the VMD and/or manufacturer.	A protocol is required that recognises when the use of adverse event reporting is necessary. This should be noted on the clinical records. https://www.vmd.defra.gov.uk/adversereactionreporting/
32. No Wholesale dealing must take place of medicines unless the practice holds an appropriate Wholesale Dealers Authorisation (WDA).	Emergency supply of medicines to another practice would be permitted.
33. A practice must be able to demonstrate that when using antimicrobials or anthelmintics, it does so responsibly, and is accountable for the choices made in such use.	The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. Further information is available from the following: **BVA** http://www.bva.co.uk/public/documents/BVA_Antimicrobials_Poster.PDF http://www.bva.co.uk/activity_and_advice/Antimicrobials.aspx **BSAVA** http://www.bsava.com/Advice/PROTECT/tabid/1665/Default.aspx **BEVA** http://www.beva.org.uk/useful-info/Vets/Guidance/AMR
34. For medicines requiring special handling e.g. cytotoxic/cytostatic/hormones the practice has in place SOPs for the storage, administration and disposal.	

Module 7: Medicines

GENERAL PRACTICE

There are no General Practice requirements within this Module.

Module 7: Medicines

AWARD POINTS

This Module contributes towards the Award in 'Team and Professional Responsibility'.

Requirements	Behaviours	Guidance notes	Points
1. The dispensary has a clearly demarcated work surface for the preparation of prescriptions and medications.			10
2. Injectable medicines drawn up into syringes are appropriately labelled if they are not to be used immediately.		Identification of the product, when it was drawn up and by whom. A protocol is in place to ensure syringes are correctly disposed of within an appropriate timeframe if not used.	10
3. There is a clear storage system for medications awaiting collection by clients that ensures they are held under the appropriate conditions.			10
4. The practice provides information to its clients on appropriate and responsible medicine usage.			20
5. The practice regularly reviews the medicines usage on the farms under their care and works with clients to ensure the appropriate use of antimicrobials and athelmintics.			20
6. The practice has a designated person responsible for the running of the dispensary.			30
7. The practice employs an SQP.			10
8. A team member has recently attended further training in dispensing and medicines legislation.	Team members that receive the training ensure that there is	e.g BSAVA, Glasgow, BCVA. It is expected that a current team member will	50

	transfer of knowledge to other members of the practice team.	have attended training in the last 4 years.	
9. The practice has a designated person responsible for auditing controlled drugs by checking the register balance and the amount in stock at least weekly.			20
10. The veterinary surgeon(s) have ready access to appropriate and current reference materials relevant to the use of medicinal products.		e.g. BVA guide, BSAVA formulary, VMD guidance notes.	10
11. The practice has in place a written quality management system for the dispensary. The practice has SOPs in place which cover :			
		i. Handling veterinary medicines	10
		ii. Stock and datecControl	10
		iii. Placing orders	10
		iv. Unpacking drug orders	10
		v. Labelling medicines	10
		vi. Temperature and environmental monitoring protocols	10
		vii. Disposal of out of date and returned medicines	10
		viii. Dispensing	10
12. The practice has a system in place for updating all members of the practice team on new products or changes in the SPCs for current products.		e.g. New product notice board or monthly updates at practice meetings.	20
13. If the practice is an internet retailer they are accredited by the VMD under the AIR Scheme.			20
14. The PMS identifies products used under the Cascade and prompts the user to label correctly and use appropriate consent forms.			10
15. The PMS automatically labels products used under the Cascade correctly and automatically produces a consent form.			10
16. The practice has a protocol for antimicrobial use		These should have been drawn up	30

in common conditions encountered.		following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. The Assessor will require an example of a written protocol	
17. The practice has a protocol for endo and ecto parasiticide use.		These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. The Assessor will require an example of a written protocol.	30
		TOTAL POINTS AVAILABLE:	**390**
		OUTSTANDING:	**310**
		GOOD:	**230**

Module 8: Medical Records

CORE STANDARDS

Requirements	Guidance notes
1. The practice must maintain an efficient system of documenting and filing clinical records and comply with the Data Protection Act.	The Data Protection Act 1998 (as amended) sets out eight enforceable principles of good practice with which all organisations processing personal data, even if exempt from notification, must comply. These require data to be: • fairly and lawfully processed • processed for limited purposes • adequate, relevant and not excessive • accurate • not kept longer than necessary • processed in accordance with individual's rights • kept secure • not transferred to other countries without adequate protection. Practices may be exempt from notification if they are processing data only for the following purposes of their own business: • accounts and records • staff administration • contacting own clients. Evidence of registration under the provisions of the Data Protection Act (if appropriate) should be provided. Different organisations (e.g. Veterinary Defence Society / Veterinary Medicines Directorate / HM Revenue and Customs) will have different requirements for the length of time records should be kept. Practices should check directly with these organisations for up-to-date information.
2. Where appropriate, records must be maintained for each animal or group. There must be adequate back-up for computerised records.	
3. Records must be maintained so that any veterinary surgeon coming	

into the practice may, by reading the records, be able to proceed with the continuity of care of the patient.	
4. Before any diagnostic or surgical procedure is performed on an animal, informed consent must be sought.	Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable treatment options, with associated fee estimates, and had the significance and main risks explained to them e.g. record of verbal discussion or consent forms. It is recognised that in an emergency it may be necessary to perform procedures without prior consent.
5. Likely charges must be discussed with clients and updated as necessary.	Discussion should take place with the client covering a range of treatment options and prognoses, and the likely charges (including ancillary or associated charges such as those for medicines/anaesthetics and likely post-operative care) so as to ensure that the client is in a position to give informed consent. The practice must be able to provide written estimates on request. The practice should be able to demonstrate procedures in place to update and inform clients of ongoing costs.
6. Itemised invoices must be available at the request of the client.	Itemised invoices may be produced by computer or manually and must include a breakdown of services, drugs and consumables, VAT and any surcharges.
7. At the request of a client or veterinary surgeon, copies of any relevant clinical and client records and similar documents including results of imaging, must be provided within a reasonable period.	Veterinary surgeons must keep clear, accurate and detailed clinical and client records.
8. Any alterations or corrections to clinical records whether written or electronic are clearly recorded in an audit trail.	If clinical records are altered after initial entry, the changes must be logged (date and time, and by whom).
9. Veterinary surgeons are aware of their professional obligations in relation to their communications with each other and when sharing or taking over care of a patient.	When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines.

	Even where two veterinary surgeons are treating different groups of animals owned by the same client, it is still advisable for each to keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for *The RCVS Code of Professional Conduct* for further information: http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/communication-between-professional-colleagues/

Module 8: Medical Records

GENERAL PRACTICE

Requirements	Guidance notes
1. The practice seeks written consent for major surgery and euthanasia.	Written consent follows from discussions with the client. It is accepted that in some emergency situations written consent may not be possible. This applies to animals seen at the owner's premises or at the practice.
2. Consent forms are usually required for all clinical procedures when the patient is admitted to the care of a veterinary surgeon. This will include diagnostics, medical treatments, surgery and euthanasia.	"Admitted" means where an animal is in the care of the veterinary surgeon and is not in the presence of the owner. If treatment changes during the course of investigation, telephone consent is allowed.
3. Where there are hospitalised animals they must have in-patient sheets recording basic husbandry parameters, with timed and initialled entries: • Temperature • Pulse • Respiration • Treatments • Food and water intake • Urine and faeces output • Clinical signs • Demeanour.	
4. The practice system is capable of passing patient records between premises within the same practice group.	
5. Complete records must contain the following information, where applicable: • Owner identification: - name, - address, - contact telephone numbers.	It is prudent to include plans for future treatment or investigations, details of proposed follow-up care or advice, notes of telephone conversations, fee estimates or quotations, consents given or withheld and contact details. The practice should have the ability to separate clinical and financial records so that clinical records can be forwarded without financial information.

• Patient identification - name, - species, - breed, - age, - sex, - ear-tag number and freeze-brand. • Clinical information - Dates of all examinations, investigations, treatments - Author of clinical records - History and details of clinical examination, investigations, provisional diagnosis and treatments - Medicine batch numbers and withdrawal periods - Special considerations – abnormal drug reactions by patient or client, concurrent clinical conditions - Repeat prescriptions – authorisation and review date; • External communications – referrals, laboratory reports; • Consent forms and estimates.	Clinical and client records should include details of examination, treatment administered, procedures undertaken, medication prescribed and/or supplied, the results of any diagnostic or laboratory tests (including, for example, radiograph, ultrasound or electrocardiogram images or scans), provisional or confirmed diagnoses, and advice given to the client. See Chapter 13 of the supporting guidance to the *RCVS Code of Professional Conduct for further information:* http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/

Module 8: Medical Records

AWARD POINTS

This Module contributes towards the Award in 'Team and Professional Responsibility'.

Requirements	Behaviours	Guidance notes	Points
1. The practice uses a computerised practice management system.		The computerised clinical records are accessible at all premises within the same practice group.	50
2. A system is in place to access clinical records when away from the practice premises or office.		This could be real-time access, computerised record copies or print-outs.	30
3. Records include diagnostic, therapeutic and ongoing disease surveillance plans.		This should be in a form that is understandable to the whole practice team, ideally using standardised medical nomenclature	30
4. The practice is working towards a standardised medical nomenclature.		This can either be based on a local nomenclature or other standard system. Evidence of training for all team members using the system.	10
5. The clinical records system is set up in such a way as to allow data mining for the purposes of clinical governance, clinical audit, benchmarking, clinical research etc.		The records system can search e.g. name of procedure.	20
6. There should be easy reference from the farm medical record to associated clinical documentation - digitalised, scanned or paper.		e.g. laboratory reports, herd/flock health plans, Defra reports.	30
		TOTAL POINTS AVAILABLE:	**170**
		OUTSTANDING:	**140**
		GOOD:	**100**

Module 9: Nursing and Paraprofessionals

CORE STANDARDS

Requirements	Guidance notes
1. Where veterinary nurses are carrying out work under Schedule 3 of the Veterinary Surgeons Act 1966, the Assessor will require evidence of suitable training.	Student veterinary nurses must be under direct and continuous supervision by a qualified veterinary nurse or veterinary surgeon. Training records confirm.
2. Where lay team members are required to assist with clinical activities, the Assessor will ask to see evidence of appropriate training of the lay person.	Evidence may be provided verbally, with the Assessor speaking to a cross-section of the team. Training records confirm.
3. Any member of the team carrying out triage or first aid on an animal must have had appropriate training.	Evidence may be provided verbally, with the Assessor speaking to a cross-section of the team. Training records confirm.

Module 9: Nursing and Paraprofessionals

GENERAL PRACTICE

Requirements	Guidance notes
1. The practice has a written policy for liaison veterinary paraprofessionals.	This would be expected to include an outline of role and responsibilities, and should be in place even where paraprofessionals (e.g. foot trimmers or veterinary technicians) are employed by the practice.
2. Paraprofessionals undertaking work for the practice must be appropriately trained.	Their work should be monitored and reviewed by the practice. Best practice would involve including paraprofessionals in the practice arrangements for clinical governance.

Module 9: Nursing and Paraprofessionals

AWARD POINTS

There are no Award Points available in this Module.

Module 10: Out-of-Hours

CORE STANDARDS

Requirements	Guidance notes
1. Practices must take steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours.	See Chapter 3 in the supporting guidance to *the RCVS Code to Professional Conduct* for further information: http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/24-hour-emergency-first-aid-and-pain-relief/ Veterinary surgeons taking steps to provide emergency first aid and pain relief for animals should provide protocols for on-duty veterinary surgeons.
2. Practices should facilitate the provision of first aid and pain relief to species not normally covered.	See Chapter 3 in the supporting guidance to *the RCVS Code to Professional Conduct* for further information: http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/24-hour-emergency-first-aid-and-pain-relief/ Practices must demonstrate availability of information for species/cases outside of their competencies is available to on duty veterinary surgeons.
3. It is acceptable for clients' initial contact to be with an automated or remote device such as an answering machine used to give a duty telephone number.	Where non-veterinary surgeons answer the phone the practice must demonstrate the provisions for contacting the duty veterinary surgeon.
4. Ideally informed consent and discussion of costs should precede treatment however in acute emergencies immediate first aid and pain relief should not be delayed.	Team members are aware of practice protocols in the case of acute emergencies.
5. When covering for another practice or providing out of hours services a written agreement must be entered into, including a protocol for handover of cases.	

6. Practices should inform all clients of their OOH arrangements.	Clients should be provided with information on the emergency service, including relevant telephone numbers, location details and the likely initial costs of a consultation. A written duty rota or formal written arrangement with an alternative veterinary surgeon/practice and by what means the practice informs clients of the out-of-hours arrangements should be available. The Assessor may ask clients as to how they are informed of OOH arrangements.
7. Proper safety precautions must be taken for team members on duty at night. An appropriate protocol for dealing with night-time callers must be in place. Suitable means must be available to enable team members to call for immediate assistance when necessary.	See Chapter 3 of the supporting guidance for *the RCVS Code of Professional Conduct* for further information. http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/24-hour-emergency-first-aid-and-pain-relief/

Module 10: Out of Hours

GENERAL PRACTICE

Requirements	Guidance notes
1. If out of hours cover is provided by veterinary surgeons not normally working with that species then suitable training, CPD and backup must be demonstrated.	
2. Practices can only outsource their OOH provision to practices that meet or exceed their own level of accreditation.	This refers to the base categories of Core/General Practice/Veterinary Hospital.

Module 10: Out-of-hours

AWARD POINTS

There are no Award Points available in this Module.

Module 11: Out-Patients

CORE STANDARDS

Requirements	Guidance notes
1. Consulting areas whether mobile or static should have equipment appropriate for the range of species treated in that area.	Minimum of a stethoscope and thermometer, must be available for clinical examination. Minor surgical instruments such as scissors and forceps must be available.
2. Vehicles routinely used for practice must be clean, tidy and well maintained and equipped sufficiently to enable basic procedures to be performed at the client's premises.	The Assessor will view as many vehicles as practicable to be reasonably sure that this standard is met.
3. Contaminated items, waste materials (including sharps) must be transported and disposed according to Regulations.	See Infection Control Module, Core Standards Requirement 1 regarding biosecurity policy and the BVA Good Practice Guide to handling veterinary waste: http://www.bva.co.uk/uploadedFiles/BVA_Good_practice_guide_to_handling_veterinary_waste_in_England_and_Wales.pdf
4. If mobile phones are to be used, hands free should be available.	Hands free kits should not encourage mobile communication whilst driving.
5. Equipment should be stowed so as not to risk H&S.	
6. The practice must have a means of estimating the weight of species routinely treated.	Weight should be determined as accurately as possible using either scales or weight tapes.

Module 11: Out-Patients

GENERAL PRACTICE

Requirement 2 only applies if the practice sees patients at its premises.

Requirements	Guidance notes
1. The practice must have access to advice from a service providing veterinary specific advice on the management of poisons. Evidence of a current contract should be provided or an SOP must show how to access the information in an emergency.	It is not necessary to have a formal annual contract. An SOP to show how information is being assessed, for example, via websites on a 'pay-as-you-go' basis would be acceptable.
2. The area used for unloading, loading and examination of large animal patients must be able to be secured to prevent escape of the patient.	The consultation area could, in certain circumstances be in the back of a trailer. However, if animals are being off-loaded (and not examined on-trailer) the area must be secure. It would be acceptable to tailgate into a building so long as the vehicle was driven right up to the building. If unloading takes place into an open car park, there must be a gate to close off the car park.

Module 11: Out-Patients

AWARD POINTS

This Module contributes towards the Awards in 'Advisory/Consultation Service'.

Requirements	Behaviours	Guidance notes	Points
1. Written management protocols / recommendations are in place for:		These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. The Assessor will require one example of a written protocol for each category the practice wishes to attain points for.	
		i. Lameness	10
		ii. Nutritional management	10
		iii. Mastitis and milk quality	10
		iv. Respiratory disease	10
		v. Biosecurity	10
		vi. Notifiable diseases	10
		vii. Dystocia and obstetrical emergencies	10
		viii. Endoparasites	10
		ix. Ectoparasites	10
		x. Vaccination and infectious disease control	10
		xi. Fertility	10
2. Provision of mobile handling facilities	The practice has access to mobile handling facilities suitable for the type of stock regularly dealt with.		20
3. Contact details/options for collection of carcasses			20
4. All vehicles are fitted with a bulkhead to protect driver and passengers from injury should the vehicle stop suddenly.		If such an item is not available for the vehicle every effort should be made to secure heavy items to the floor/seats of the car.	20

5. The practice vehicles are routinely serviced and tyres checked.		This includes private vehicles used for business. Written records are required. Insurance cover should be adequate for the business undertaken and passengers carried e.g. students/clients.	20
6. The practice vehicles have appropriate facilities for the carriage of medicinal products.			20
7. Equipment within vehicles should be appropriately packaged and protected.		Veterinary drugs and equipment should be packaged in order to protect against damage.	20
8. There should be an SOP in place for acquiring access to equipment needed for more complex procedures.			10
9. All vehicles must have appropriate Health and Safety equipment.		This will include human first aid kit, high vis jacket, warning triangle and fire extinguisher.	20
10. There is a protocol in place for dealing with unusual/uncommon presentations and suspected notifiable diseases.		This could be a laminated list of phone numbers and/or weblinks.	10
11. An awareness of biosecurity and provision within the vehicle to set up an area of temporary isolation.		This could include tape, appropriate disinfectant and coveralls.	20
12. Written protocol for euthanasia.		This should include consideration of location e.g. away from public rights of way, vehicle access for disposal of carcass.	20
		TOTAL POINTS AVAILABLE:	**310**
		OUTSTANDING:	**250**
		GOOD:	**190**

Module 12: Pain Management

CORE STANDARDS

Requirements	Guidance notes
1. Pain is routinely assessed and appropriate analgesia provided.	For further information see Chapter 3 of the supporting guidance to the *RCVS Code of Professional Conduct* further information. http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/24-hour-emergency-first-aid-and-pain-relief/

Module 12: Pain Management

GENERAL PRACTICE

There are no General Practice requirements within this module.

Module 12: Pain Management

AWARD POINTS

This Module contributes towards the Award in 'Advisory/Consultation Service'.

Requirements	Behaviours	Guidance notes	Points
1. Members of the clinical team have received additional training on recognising pain.		Evidence of this training / how the practice assesses the impact of training / have they retained or changed pain control policy based on this assessment?	20
2. Pain is reassessed regularly throughout procedures which have the potential to cause pain and during follow-up.		Evidence that this reassessment has led to recorded decisions. This could take the form of a follow-up telephone call.	20
3. Practice utilises pre-emptive pain control.		Evidence that all relevant personnel recognise the need of pre-emptive pain control and that this is a recorded step in each case.	20
4. Patients with chronic conditions e.g. lameness are reassessed regularly.		Seek evidence of the reassessment and that the resulting decisions are recorded.	10
5. Clients are given verbal and written information about recognising pain and the benefits of treating as well as potential adverse reactions.		Evidence that the information was delivered in a clear manner and that the practice has taken clients' comments into account.	20
6. The practice provides a holistic approach to pain relief.		This could include overall management of the patient and the use of non-pharmaceutical pain relief. The practice should be able to demonstrate an appropriate protocol.	10
7. Team members know how to access relevant reference materials on pain		This could be reference texts or materials held in the practice or online resources.	10

assessment and control.			
		TOTAL POINTS AVAILABLE:	**110**
		OUTSTANDING:	**90**
		GOOD:	**70**

Module 13: Practice Team

CORE STANDARDS

Requirements	Guidance notes
1. All veterinary surgeons and veterinary nurses working in the practice must currently be registered with the RCVS.	RCVS Registration numbers for veterinary surgeons and veterinary nurses should be pre-submitted before inspection.
2. All veterinary surgeons and RVNs employed by the practice have Professional Indemnity Insurance in place.	
3. The practice must have Employers' Liability Insurance.	The certificate must be displayed for all team members to see.
4. The practice must have Public Liability Insurance.	
5. Written statement of the main terms and conditions of employment or a contract containing the same information are provided to team members.	Within two months of commencement of employment.
6. Team members are clear what their roles and responsibilities are.	Team members can describe what they are responsible for and what is expected of them. It may be useful to support this with a recorded list of responsibilities.
7. Clinical team members are supported with regular reviews to plan their professional development.	Team members can describe the plans that have been agreed for their development and how they discuss their progress. We would expect this to occur as appropriate to the individual but at least annually.
8. All professional team members must comply with the RCVS requirements for CPD.	Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. New graduates are expected to complete PDP.
9. Team members understand the practice's responsibilities to their employees, potential employees, clients and external parties under the Equality Act 2010 and how it impacts their role in the practice.	Team members can explain how the policies are implemented.

10. The practice must have clear requirements for a professional standard of behaviour, personal hygiene and appearance to be maintained by all members of the practice at all times.	Evidence of how this is communicated to team members. A recorded policy may be useful. This policy is to help portray a professional image and comply with Health and Safety advice.
11. The practice must have a completed up to date Health and Safety Law poster, which is displayed for all team members to see.	
12. The practice must have a clear Health and Safety Policy which is known to and understood by all team members. This must be updated on a regular basis and updates communicated to team members.	All team members should be able to describe their and their employer's responsibilities with regard to working safely. The practice's policy should be set out in a document which is given to or displayed for all team members. The practice must set out its policy for Health and Safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably practical. Where five or more people are employed (even if this is only temporarily) this policy must be set down in writing. Such a written policy must include: • A statement of general policy; • Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc); • General instructions to team members arising out of the significant findings of the risk assessments. Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary. The law applies when people are at work so will also apply to farm/equine practitioners working mainly from vehicles but also from home, and where locums are used. Employers have duties to ensure the health and safety of their employees and this includes situations where work is carried out at, or from, home. Veterinary surgeons who are self-employed also have duties towards their own health and safety and that of third parties (e.g. their family/locum) therefore, health and safety requirements do apply in this situation. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and

	testing.
13. There are designated persons with agreed responsibilities for Health and Safety.	People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. Fire officer, H&S rep/officer, first aiders, radiation protection supervisor (and RPA), area safety officers (if applicable). The practice must have appointed, in writing, a Fire Officer, and drawn up a written list of the practice Fire Officer's duties. A Fire Risk Assessment must have been drawn up. The Assessor will ask to see a list of the practice Fire Officer's duties and the Fire Risk Assessment, including procedures for raising the alarm and evacuation. Where gas/oxygen cylinders are being transported in practice vehicles, a 2kg dry powder fire extinguisher is required in the vehicle. Evidence should be provided of suitable hazard training.
14. Team members are consulted appropriately in all matters of health and safety activity.	People can describe how they have been consulted about their safety at work and can describe how they would raise any concerns they have day to day. Consulting employees on health and safety matters is a legal requirement and is more than simply having health and safety documents on site for team members to refer to and is very important in creating and maintaining a safe and healthy working environment. Any change which may substantially affect their health and safety at work, i.e. in procedures, equipment or ways of working, must be communicated to the team, highlighting any dangers. Team meeting minutes should evidence discussion around H&S policy.

15. The practice has carried out risk assessments in all areas of activity and has recorded the significant findings of these risk assessments.	Safety officer(s) can describe how they carried out their risk assessments and how these have informed the practice's standard procedures. If more than five people are employed, copies of the findings from the risk assessments should be available in the practice and regular review should be evidenced. Assessors will be verifying that the principles of risk assessment are understood and that risk has been addressed, they will not be examining individual risk assessments. Practices are referred to www.hse.gov.uk for detailed guidance. Activities/work areas to be considered would include both physical and psychological health, for example: • Cleanliness/tidiness • Disinfection • Handling and restraint of animals (including the use of on farm facilities) • Manual handling and lifting of weights (with particular reference to aids for moving heavy/paraplegic animals • Slips/trips/falls • Veterinary medicines/pharmaceuticals • Anaesthetic gases • Injection procedures (risk of self-injection) • Risk to pregnant workers • Risk of work related stress • Proper use of work equipment • Display screen equipment • Office electrical equipment • Portable electrical appliances • Dental machine • x-ray machine • Anaesthetic equipment • Laboratory equipment • Laboratory procedures • Dental procedures using mechanical scaling • Security of team members, including provisions for lone/night working • Dealing with members of the public

	• Personal protective equipment • First aid, recording and reporting of accidents; • Disposal of sharps, clinical, pharmaceutical, chemical and other waste (including safe handling of spillages/leakages, broken and unwanted containers) • Infectious disease/biological agents • Zoonoses; (e.g. fungal - ringworm; bacterial - salmonella; viral - birdflu) • Working at height • Water supplies/air-conditioning maintenance • Transport and storage and use of gas cylinders • Vehicles and driving for work • employment of young persons (under 18 years of age) • Whether the practice premises does, or is liable to, contain asbestos, any risk arising there from and action taken to manage risk, may be required (Control of Asbestos at Work Regulations 2002 and 2006). • Stress Stored pressurised gas cylinders must be kept securely outside the building unless authorised by a fire officer. Stocks of explosives or inflammable agents must be stored in locked metal cupboards. Best practice is to store cylinders of oxygen and flammable gases outside in the open air, which allows vapours to be dispersed effectively. Storage outside should be secure. If storage has to be located within a building, an adequate level of ventilation should be provided either by mechanical ventilation or the presence of a sufficient size and number of permanent openings. Flammable gases, such as LPG, if stored inside, may only be stored in purpose-built compartments or buildings with fire-resistant walls and explosion relief. Only limited quantities should be stored and should not be placed under stairs, near waiting rooms or compressors. Risk assessments should be undertaken to take into account compatibility of substances stored and the suitability of the arrangements made.

16. Team members understand and work according to the standard procedures adopted.	Team members can describe how they use standard procedures to maintain a safe working environment, and how and where these are recorded and reviewed Standard procedures may be recorded in a Team Members or practice manual, in area references or in aide- memoirs around the practice. They should be up to date and easily accessible.
17. The practice must have undertaken a thorough assessment of the risks arising from the use of veterinary medicines substances hazardous to health within the practice.	The risk to Health and Safety from veterinary medicines and other substances has to be assessed under the Control Of Substances Hazardous to Health Regulations 2002 (COSHH). There is wide variation in risk – many are low to medium risk but there are some substances in veterinary practice, which pose a very serious risk to health. Implementing measures to control the exposure to low or medium risk substances can be adequately achieved when they are assessed by their therapeutic group/type/ route of administration etc. The practice can set out standard measures to control exposures, for example: • Injectable anaesthetics; • Pour-on anthelmintics; • Steroidal compounds; • Antibiotics Within these groups, practices must identify any specific medicines or substances that could have long-term health risks, such as allergies e.g. Penicillin, or sensitivities e.g. latex. Specific and detailed assessments and the resulting measures to control exposure must be made for high-risk substances such as: • Any hormones; • Oil-based vaccines; • Gluteraldehyde disinfectants; • Micotil (tilmicosin); • Large animal Immobilon (etorphine); It should be noted that the lists mentioned are not exhaustive and practices should consider their own individual medicine/substance usage. Safety data-sheets are not legally required for veterinary medicines and many medicine companies do not produce them. Practices should therefore ensure that they have access to the current version of either the Summary of Products Characteristics (SPC) or a data-sheet for each authorised medicine used or stored in the practice. Copies of the current NOAH Compendium of Data Sheets are acceptable to fulfil this requirement for

	those medicine companies that participate. See http://www.vmd.defra.gov.uk/ProductInformationDatabase/ (for veterinary SPC) and www.emc.medicines.org.uk (for non-veterinary SPCs).
18. Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.	Evidence of servicing of: autoclaves, laboratory equipment, x-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers. Frequency of servicing is determined by manufacturer or competent person recommendation.
19. Team members are prepared for emergencies.	Team members are familiar with procedures for turning off water supply, electricity, oil, heating gas and compressed gases.
20. The practice must have a written programme for the inspection and testing of all its electrical equipment, based on its specific risk assessment.	The written programme containing the findings of the risk assessment, together with evidence of inspection of the electrical installation by a competent person and PAT testing and visual inspection records will be required. For the electrical installation in the building, the frequency of the inspection (by a competent person) should be as directed by that competent person. For portable electrical equipment, cables and leads, formal visual inspection and testing are considered. Advice should be sought from a competent person regarding the appropriate frequency for these as this will depend upon the individual circumstances of a practice. Equipment should be labelled with the date of inspection, or a database kept. Failed equipment must not be used and repaired equipment must be tested before use. Residual Current Devices are required for any equipment used in wet conditions. The inspector will ask to see PAT testing and visual inspection records.
21. All gas appliances are required to be maintained in a safe condition.	The Assessor will ask to see gas safety certificates. Carbon monoxide detectors should be in place and regularly tested wherever combustible fuels are burned Advice should be sought from a suitably qualified person regarding an on-going programme of examination.

22. Emergency lighting must be provided to allow the practice to continue to function in the event of a power-cut or electrical failure.	Background lighting to allow safe evacuation and observation of in-patients. Evidence will be required that emergency lighting is regularly checked and tested.
23. Team members understand the fire evacuation procedure and how to alert others in case of a fire.	
24. Wherever patients are hospitalised, smoke and / or heat detectors must be placed adequately to alert team members who maybe in remote parts of the premises.	May be standalone smoke detectors or a maintained fire alarm system.
25. Where team members are on the premises working alone or resting, automatic fire detection devices must be in place.	The fire officer can explain how regular reviews of practice fire safety are carried out. Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. A fire log book or other records should be used to record testing and servicing of fire alarms (if present), emergency lighting and call points and team members training and evacuation procedures. A premises checklist may be useful.
26. There must be regular maintenance of fire alarms and equipment and regular fire practice evacuations.	
27. The practice must have performed a fire risk assessment.	
28. If in a flood area, a flood plan should be in place and understood by the team.	
29. There must be an appointed person to take charge should someone fall ill or be injured, and to restock the first-aid box. A second person must be appointed to take charge if the first appointee is off duty.	An 'Appointed Person' is an individual nominated by their employer to take charge when someone is injured or falls ill. Their responsibilities include looking after the first aid equipment, e.g. restocking the first aid box and calling an ambulance. Appointed persons should not administer first aid unless trained to do so. Note: Nomination of an appointed person is a minimum requirement, but practices should consider if an appointment of more than one person is necessary or if a first aider should be appointed. (A first aider is someone who has undergone a training course in administering first aid and holds a current first aid at work certificate (these are time-limited to three years). A

	first aider can undertake the duties of an appointed person.) For further guidance, see HSE leaflet INDG214 http://www.hse.gov.uk/pubns/indg214.pdf The appointed persons should be able to describe how they have been prepared for their responsibilities which may just be stocking the first box and calling an ambulance.
30. First aid box(es) are readily available and stocked.	Team members know the location of such items.
31. The practice must have an accident book.	Team members should know where and how to complete an accident record and what to do with the form. Completed forms should be stored securely. An accident book is required by law and must meet the requirements of the Data Protection Act. It must record the following: • Date and time of accident or occurrence; • Full name and address of the person involved and the injury or condition suffered; • Where the accident or occurrence happened; • A brief description of the circumstances; • In the case of a reportable disease, the date of diagnosis, the occupation of the person concerned and the name or nature of the disease. Records should be removed and stored securely and information kept for at least three years.
32. The practices files reports under RIDDOR as required.	Managers or first aid appointees can explain how they should report under RIDDOR and the criteria to look for. For further information, see: http://www.hse.gov.uk/riddor/reportable-incidents.htm

33. The practice must have a policy for how they segregate, store and dispose of all forms of waste.	The current waste audit should be available and team members should be able to describe how they handle different forms of waste. Adequate waste receptacles should be used to allow immediate disposal of hazardous items. Full containers should be stored in hygienic conditions and be clearly identified. Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. The inspector will ask to see evidence of: • A contract with a permitted waste contractor(s); • Policies and practice to segregate waste into appropriate streams and to store it hygienically; • Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales; •Waste transfer notes should be stored for two years. •Hazardous waste registration for those premises in England and Wales that produce more than 500kg of hazardous waste per annum. For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance. However, local variations exist and practices should consult the Environmental Agency or their own local waste management authority for information. http://www.bva.co.uk/uploadedFiles/BVA_Good_practice_guide_to_handling_veterinary_waste_in_England_and_Wales.pdf Non-hazardous (non-special) waste must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.
34. Lifting equipment is suitable for purpose and regularly inspected.	Team members can describe safety procedures in use and how inspection is carried out. The practice must be aware of The Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the Regulations prior to

	use and thereafter have the equipment inspected regularly. The Regulations require that lifting equipment is • Sufficiently strong, stable and suitable for its intended use • Positioned or installed to prevent risk of injury; • Visibly marked with appropriate information for safe use; • and that lifting operations are planned and supervised and carried out by competent operators. Lifting equipment should be examined prior to first use and thereafter inspected regularly in accordance with recommendations of a competent person who shall issue a certificate of inspection and report of any action required.
35. Where firearms are stored on the premises and/or used in the course of practice business firearms certificates must be shown	The practice must pass inspection by a Duty Firearms Officer in respect of any firearms/tranquillizer and dart guns. Individual veterinary surgeons must have been issued with the relevant firearms certificate. These should cover adequate storage arrangements.

Module 13: Practice Team

GENERAL PRACTICE

Requirements	Guidance notes
1. The practice has an agreed team development policy which is communicated to the team.	Team members can describe how they access development activities appropriate to them.
2. All clinical team members are able to access reference materials appropriate to their role and activities in the practice.	Team members can explain how they use resource materials to keep up-to-date and can rapidly access essential current information for any clinical situation that may arise.
3. The practice has a structured procedure for the induction of new team members which is appropriate to the role.	Some form of checklist or structured programme will be expected and people will be able to explain how the induction procedure is carried out and over what time period.
4. Team member appraisals are performed.	This must be at least annually but can be more frequent.

Module 13: Practice Team

AWARD POINTS

This Module contributes towards the Award in 'Team and Professional Responsibility'.

Requirements	Behaviours	Guidance notes	Points
1. Role responsibilities and day-to-day duties are reviewed regularly with input from the team member.	This should be supported with recorded role responsibilities and evidence of review.	A role description exists to define the role of the employee within the practice, their areas of responsibility and a clear understanding of their day-to-day duties.	20
2. Role responsibilities are communicated to the rest of the team.	Team members are able to describe the different roles and responsibilities of their colleagues and their own contribution to the overall functioning of the practice.	It may be useful to support this with a written list of responsibilities.	10
3. Non-clinical team members are supported with regular reviews to plan their training needs.	Team members have action plans for their development which are recorded and reviewed.	We would expect this to occur as appropriate to the individual but at least annually.	20
4. Structured feedback for performance review is based on competencies and behaviours.	Team members can describe how they use documentation to ensure feedback is behaviour based and objective.		10
5. 360 degree structured feedback is used.	Team members can describe how they give constructive feedback to colleagues.		10
6. CPD is recorded online on the RCVS Professional Development Record.		The applies to all veterinary surgeons and RVNs.	20
7. New graduates completing their PDP are supported with regular development reviews with a named member of the practice team.	New graduates can describe how their mentor and the practice have supported them in their first year.		10

8. CPD and development activity is communicated to the rest of the team and information shared.		There are changes in practice made as a result.	20
9. CPD Development activity is evaluated by the individual.	Expect to see a plan and evaluations, people can explain how they changed what they do as a result.		20
10. CPD Development activity is evaluated and planned by the practice team.	Expect to see a plan and evaluations.		10
11. Individuals have access to a range of suitable resources including the internet for research and communication for work purposes.		This could include access to journals or databases.	10
12. Membership of professional and representative associations is encouraged and supported appropriate to the practices needs.	Professional journals are available in the practice and individuals can explain how membership of associations has assisted and informed their activities.		30
13. The induction programme is tailored to the individual and supported by ongoing coaching and mentoring.	People can describe how they have been supported through their induction programme and how this has helped them integrate into the team.		40
14. A protocol is in place to address the management of conflict and bullying in the workplace.			10
15. The practice has a policy for dealing with workplace stress.		This could include compassionate leave benefits, dealing with requests for flexible working hours and publicising access to VetLife.	30
16. The practice has a policy for dealing with substance and alcohol abuse.		This should include publicising access to VetLife and other resources.	30
17. There are regular practice meetings when all team members are encouraged to contribute items to the agenda and participate during the meeting.	Open and frank discussions with no barriers to feedback.	The Assessor will ask to see minutes of previous meeting and a schedule of future meetings involving all departments in the practice (expected to be at least quarterly).	40

		A general meeting of the whole team should occur at least annually.	
18. Team members understand the aims and objectives of the business to a level appropriate to their role.		The Assessor will speak to team members to ascertain their understanding/	10
19. Communication of business performance to the team.		This enables team members to understand how their roles contribute to the overall business performance.	10
20. All team leaders have received training in risk assessment and are able to show how they use risk assessment in their day to day work.	Team members can describe how they approach a new task that requires risk assessment and where to seek advice if necessary.		10
21. Accident records are regularly reviewed and action taken.		Managers or team members can describe how accident records have led to review and give examples of changes made as a result of that review.	10
22. The practice has a disaster recovery plan.			20
23. The practice maintains equipment, premises and standard procedure information in an organised and accessible form.	Team members can describe how they can access equipment manuals and standard procedures relevant to their role.		10
24. The practice has clear personal security policies in place and has communicated these to team members.	Team members can describe the security measures in place to enable safe working at all hours and in all areas.	Would include physical security - locks, lighting, surveillance, panic alarms as required, and systems, checks and rules on lone working, training on dealing with difficult situations, aggressive animals.	10
25. At least one current member of the practice team has undertaken training in professional ethics in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study.	20

26. At least one current member of the practice team has undertaken training in animal welfare in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study.	20
27. At least one current member of the practice team has undertaken training in communications in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study,	20
28. The Practice has a policy of accepting students for EMS and actively encourages this activity.			20
29. The practice has an induction and integration policy for EMS students.			10
30. The practice plays an active role in the local community.		For example, school visits, charity events and agricultural shows.	10
		TOTAL POINTS AVAILABLE:	**520**
		OUTSTANDING:	**420**
		GOOD:	**310**

Module 14: Premises

CORE STANDARDS

Requirements	Guidance notes
1. The premises must be suitable and adequate for its intended purpose.	These may only be for administrative or storage purposes.
2. The premises must be in good decorative order, clean and well maintained so as to create an atmosphere of clinical cleanliness and efficiency.	
3. The premises should be free of offensive odours.	
4. All parts of the premises must be adequately lit and ventilated.	Ventilation could include fans, windows that are escape proof (or other natural ventilation) or mechanical ventilation.
5. Buildings must be heated to fulfil minimum legal requirements.	For offices and team member accommodation this would normally be a minimum of 16 degrees centigrade. Animal accommodation should comply with the government Code of Practice for Welfare.
6. Where consultations are carried out at the premises, the practice must have one or more consulting areas, which provide a clean, hygienic environment for consultations.	The consulting area may be used for other purposes, provided that hygiene is not compromised.
7. The floor area and walls in the consulting area must be made of non-slip materials and be capable of being thoroughly cleaned.	Unsealed concrete would not be acceptable.
8. Where clients have access to the premises there must be a waiting room or reception area of adequate size.	
9. The display of commercially retailed merchandise within the veterinary premises is permissible, provided the display is of an acceptably professional nature and of relevant goods.	

10. Any other commercial businesses run from the practice must be of an acceptable professional nature.	Points to consider would include biosecurity, client dignity and client perceptions.
11. Team members must have access to appropriate amenities. Appropriate amenities should include toilets and hand washing facilities, which should be maintained in a clean and orderly manner.	Public and team members can share toilet facilities. Applicable legislation should be observed.
12. Team member's refreshments must not be prepared in clinical areas.	

Module 14: Premises

GENERAL PRACTICE

Requirements	Guidance notes
1. Food preparation, storage, and washing up facilities for team members must be separate from clinical areas.	Team members' rest areas must be separate from clinical areas.
2. The area immediately surrounding the premises must be maintained in a clean and tidy state.	
3. Reception facilities, if provided, must be easily accessible to clients and team members as appropriate.	Reception desk could have a low area to cater for clients with specific needs. An SOP should be in place to ensure clients can easily access reception facilities

Module 14: Premises

AWARD POINTS

This Module contributes towards the Award in 'Team and Professional Responsibility'.

Requirements	Behaviours	Guidance notes	Points
1. Adequate temperature regulation is available for efficient functioning of the team members and equipment.		Heating may be required so that the ambient temperature can be maintained above 18ºC in the working area of the building. In addition, cooling may be required to avoid working temperatures exceeding 26ºC. Maximum/minimum thermometers must be provided and records kept.	10
2. The office area is kept clean and tidy.			10
3. The team members rest area and waiting room are kept clean and tidy.			10
4. Bulk stock items should be easily accessible for team members.		Manual handling risk assessments are undertaken.	10
5. There is clear signage on the outside of the premises which is of a professional standard.		This should include opening hours and out of hours contacts.	10
6. There is CCTV inside the practice.		This should cover the reception / waiting area, for the safety and security of team members.	10
7. There is CCTV outside the practice.		This should cover entrances and car parking facilities, for the safety and security of team members.	10
8. There is security lighting outside.		This should cover entrances and car parking facilities, for the safety and security of team members.	10
9. There is adequate illumination of the car park and loading area.			20
10. There is a vermin control policy in place.			10
		TOTAL POINTS AVAILABLE:	**110**
		OUTSTANDING:	**90**
		GOOD:	**70**

Module 15: Surgery

CORE STANDARDS

Requirement 1 only applies if surgery is carried out at the practice premises.

Requirements	Guidance notes
1. Area used for the conduct of surgical procedures. This area must have easily cleanable surfaces and a good source of illumination (if applicable)	For field anaesthesia environmental factors e.g. weather must be considered. Head torches and portable lamps are suitable forms of illumination.
2. The practice must provide a suitable range of sterile surgical instruments, consumables and suture materials for the work undertaken.	
3. All surgeries are performed by an MRCVS or a veterinary student under supervision.	

Module 15: Surgery

GENERAL PRACTICE

Requirements	Guidance notes
1. Sterile packs for emergency surgery must be available at all times.	Need checking regularly - are they in date. Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the technique.
2. The induction of, and recovery from, general anaesthesia are high risk for both patient and handler. There must be an area that is appropriate for the procedures to be undertaken, bearing in mind patient and handler safety. The induction area can also be the operating area providing surgical cleanliness/sterility is not compromised and is appropriate for the procedure undertaken	

Module 15: Surgery

AWARD POINTS

This Module contributes towards the Award in 'Advisory/Consultation Service'.

Requirements	Behaviours	Guidance notes	Points
1. Immediately before surgery a check is performed on patient ID; procedure to be performed including anatomical location.			20
2. Sterile, disposable scrubbing brushes are used or a recognised brushless system is used.			10
3. Surgical sites are prepared using clippers fitted with an appropriate blade.			20
4. Clippers and blades are cleaned and maintained appropriately.		SOP in place. It is recommended that clippers are cleaned and disinfected between every patient.	20
5. Clinical team members wear dedicated, clean protective clothing for surgical procedures.			10
6. Team members have been adequately trained in cleaning, maintenance, sterilising and troubleshooting of instruments e.g. ultrasonic cleaning, lubrication, sharpening and the use of autoclaves.			30
7. If ethylene oxide sterilisation is used there is evidence of adequate training of team members and monitoring of exposure levels.			20

8. Surgical packs initialed by person packing them and labelled for contents where required. Packs also show the date of preparation.			10
9. There is evidence that clinical audit of surgical cases is undertaken.			20
10. Recording systems are in place that include all team members involved and location for each procedure.		This enables auditing of post-operative complications.	10
11. Standards are in place to maintain the sterile field throughout the whole procedure.		Team members must be familiar with standard aseptic protocols.	30
12. Any jewellery which may cause a potential breach of the sterile field is removed prior to performing surgery.			10
13. Appropriate communication is held with the owner/keeper, prior to surgery, explaining the potential risks and complications of the procedure.		This may be evidenced by an entry on the client record or a signed consent form including these details.	30
14. There is a check system in place to prevent loss of surgical equipment in the patient.			20
15. The practice has a protocol for the follow up of all surgical cases.			40
16. Clients are provided with detailed instructions on post-operative management.			40
		TOTAL POINTS AVAILABLE:	**340**
		OUTSTANDING:	**270**
		GOOD:	**200**