Practice Standards Scheme: Small Animal

Draft modules for consultation (February 2015)

Contents

Introduction

This document outlines all of the Practice Standards Scheme (PSS) modules and requirements for Small 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

Small Animal practice premises can apply for be accredited as:

- Core Standards
- General Practice (GP)
- Emergency Service Clinic (ESC)
- Veterinary Hospital

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 encompasses many of the facilities required for veterinary nurse training standards.

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

Emergency Service Clinic

Emergency Service Clinic accreditation reflects the requirements of a designated out-of-hours provider.

Emergency Service Clinics must meet the Core and GP requirements in all the modules and the ESC requirements in the Emergency and Critical Care Module.

Veterinary Hospital

Veterinary Hospital accreditation reflects the requirements of a General Practice allied with additional facilities and protocols for the investigation and treatment of more complex cases.

Veterinary Hospitals must meet the Core, GP and Veterinary Hospital requirements in all of the modules. If, however, a Veterinary Hospital can demonstrate that it undertakes no dentistry, because for example it only undertakes orthopaedic work, then it may be exempted from the requirements of the Dentistry Module.

Small Animal Awards

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

- Team and Professional Responsibility
- Client Service
- Patient Consultation Service
- Diagnostic Service
- In-patient Service
- Emergency and Critical Care 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 'Nursing' 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	210	130	170
Medical Records	190	110	150
Medicines	360	220	290
Practice Team	570	340	460
Premises	110	70	90

Award 2: Client Service			
Required Modules:	**Award Points Available:**	**Good:**	**Outstanding:**
Client Experience	570	340	460

Award 3: Patient Consultation Service			
Required Modules:	**Award Points Available:**	**Good:**	**Outstanding:**
Infection Control	210	130	170
Medicines	360	220	290
Nursing	330	200	260
Out-of-Hours	150	90	120
Out-patients (First Opinion)	260	160	210
Pain Management	230	140	180

Award 4: Diagnostic Service			
Required Modules:	**Award Points Available:**	**Good:**	**Outstanding:**
Diagnostic Imaging	350	210	280
Laboratory and Post-Mortem	280	170	220

Award 5: In-patient Service			
Required Modules:	**Award Points Available:**	**Good:**	**Outstanding:**
Anaesthesia	670	400	540
Dentistry	300	180	240
Infection Control	210	130	170
In-patients	310	190	250
Nursing	330	200	260
Out-of-Hours	150	90	120
Pain Management	230	140	180
Surgery	800	480	640

Award 6: Emergency and Critical Care Service			
Required Modules:	**Award Points Available:**	**Good:**	**Outstanding:**
Emergency and Critical Care	540	320	430

The Awards will be available to all practice premises whether they are accredited to Core Standards, General Practice, Emergency Service Clinic or Veterinary Hospital.

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 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.

Practice premises wishing to achieve the Award in Emergency and Critical Care Service must also meet the Emergency Service Clinic (ESC) requirements within the Emergency and Critical Care Module.

Modules

Module 1: Anaesthesia

CORE STANDARDS

Requirements	Guidance notes
1. The practice must carry out monitoring of anaesthetic pollutants in operating areas and maintain written records of this. Written evidence of measurement of personal exposure to anaesthetic monitoring is required. Monitoring must be carried out on an annual basis, or if the nature of the anaesthetic equipment and circuitry is changed. Assessors will check that the readings recorded fall within the current Workplace Exposure Limits for the agent(s) used.	The current workplace limits are: 10ppm Halothane 50ppm Isoflurane 60ppm Sevoflurane 100ppm Nitrous oxide All these values are subject to review and are calculated on an eight-hour Time Weighted Average (TWA) basis.
2. The practice must provide facilities for the scavenging of anaesthetic gases. Scavenging must comply with current health and safety laws.	Facilities for scavenging include any device or ducting system for the removal of waste gases from the operating area: • Passive scavenging – by duct to the open air; • Charcoal absorbers – e.g. Aldosorb; • Active scavenging – via a pump and air break device. If a sophisticated active scavenging system is in operation, it must be serviced annually. An inspection certificate must be available and is an acceptable alternative to personal dosimetry.
3. Anaesthetic equipment must be subject to professional maintenance according to the manufacturers' recommendations.	Regular service records must be produced for all anaesthetic equipment.
4. 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. Anaesthetic equipment must be checked before use on a daily basis.	
2. There must be a source of oxygen and emergency oxygen flush with reducing valve, rotameter and vaporiser.	
3. Equipment for the administration of oxygen and the safe maintenance of anaesthesia and resuscitation must be appropriate for the species treated.	
4. Temperature-compensated vaporisers must be used	
5. Anaesthetic circuits suitable for the range of patients routinely treated must be provided.	Circuits must include a circuit suitable for small patients, such as a T-piece; a circuit suitable for medium sized patients; such as a Lack or a Bain; and a circuit suitable for a giant breed of dog; such as a circle unit, or a high flow rate mechanism for a non-rebreathing unit.
6. A range of endotracheal tubes must be available.	
7. At least one monitoring device must be available e.g. oesophageal stethoscope, pulse oximeter, capnograph, ECG.	
8. Anaesthetic charts must be filled in for each patient (except in emergency or very short procedures, e.g. cat castrate).These charts must form part of the clinical records.	The charts must include: - Date - Personnel involved - Induction agent - Maintenance agent - Duration of anaesthetic - Surgical procedure - Any anaesthetic complications - Vital signs - Other medication administered

9. A trained team member, other than the surgeon, must be present to monitor the patient throughout the general anaesthetic.	Evidence of suitable training must be provided if the team member is not a Registered Veterinary Nurse. In-house training is acceptable, but must be evidenced to the Assessor. The Assessor will wish to speak to those put forward as having competency in anaesthetic monitoring.
10. A clock or watch showing seconds must be visible to any team member monitoring an animal under anaesthesia or sedation.	
11. Equipment must be available for the maintenance of body temperature during anaesthesia and recovery.	
12. There must be suitable means of resuscitation. A resuscitation pack must always be maintained and be readily available for instant use, and checked to ensure the contents are in date.	

Module 1: Anaesthesia

VETERINARY HOSPITAL

Requirements	Guidance notes
1. A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times including out of hours.	The Assessor will ask to see patient charts and team member rotas, and will speak to team members.
2. Additional training and qualifications.	At least one team member (MRCVS or RVN) should have undertaken CPD in anaesthesia in last two years.
3. There is a suitable number of monitoring devices required for the normal workload and at least one multi-parameter monitoring device is available.	This would normally be expected to include pulse oximetry, capnography, continuous ECG, body temperature and blood pressure.
4. A range of induction and maintenance agents must be stocked to permit anaesthesia of all patients treated, including high risk patients.	
5. Records of vital signs and agents employed must be retained.	
6. There is proper ventilation during patient recovery to limit human exposure to exhaled anaesthetic gases.	

Module 1: Anaesthesia

AWARD POINTS

This Module contributes towards the Award in 'In-patient Service'.

Requirements	Behaviours	Guidance notes	Points
1. At least one team member has undergone specific anaesthesia training in the last 4 years.		Evidence that veterinary surgeons actively performing general anaesthesia undertake adequate in-house and external CPD.	20
2. At least one team member has completed a module of the Cert AVP in anaesthesia or old style CertVA.			40 per module to max of 80
3. At least one team member is registered as an Advanced Practitioner in anaesthesia.			50
4. There are masks available in a suitable range of sizes, which are regularly cleaned and disinfected.	Systematic approach to maintaining cleaning and disinfection standards.	Team members will be asked to explain the process. Cleaning/disinfection records	20
5. Endotracheal tubes and breathing systems must be cleaned and stored appropriately.	Systematic approach to maintaining cleaning and disinfection standards.		20
6. The practice has a protocol for the safe re-filling of anaesthetic vaporisers (e.g. a key-filling system).		This will help reduce team members' exposure to inhalation agents.	20
7. There is a designated area for induction separate from the theatre.		This may be the same area as the prep area.	20

8. The practice uses a checklist to identify the patient, procedure and current medication prior to premedication and induction.		Team members will be asked to explain the process and provide example checklist. See AVA Checklist for further information: http://www.ava.eu.com/recommendations/AVA-AnaestheticSafetyChecklist-FINAL-EU-WEB.pdf	30
9. A patient assessment including a risk assessment is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic and recorded.		e.g. ASA checklist http://www.ava.eu.com/recommendations/AVA-AnaestheticSafetyChecklist-FINAL-EU-WEB.pdf	30
10. Patients have intravenous catheters in place during general anaesthetic and/ or sedation for at least ASA categories 2-5.			30
11. The use of intravenous fluid therapy during anaesthesia for appropriate cases can be demonstrated.			30
12. Patients are intubated or use a supraglottic airway device is used to provide inhalational anaesthesia.		There may be exceptional circumstances where the size, anatomy or species of the patient precludes this.	30
13. A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered.		This does not have to be the same person all the way through but the hand over must be appropriate.	30

14. All anaesthetics are monitored by a veterinary surgeon or RVN.			30
15. Training has been undertaken and facilities are available for the following monitoring:	What is required should be based on a risk assessment and will depend on the number and nature of operations performed-practices should ensure that monitoring is adequate for the work undertaken. Evidence of suitable monitoring could be completed anaesthetic forms, observations on the day and speaking with team members.		
		i. respiratory rate	20
		ii. blood oxygen saturation	20
		iii. Blood pressure	10
		iv. cardiac rhythm	10
		v. end tidal CO_2	20
16. Body temperature is monitored at appropriate intervals and steps taken to maintain normal body temperature.			30
17. There has been adequate training of team members in the interpretation of data from and troubleshooting of monitoring equipment.			30
18. There is a means of assisting ventilation either manual or mechanical available which is used as needed.		The practice must be able to demonstrate that team members have been adequately trained in IPPV.	30
19. A suitable number of team members are trained in CPCR of veterinary patients.			20

20. There is an appropriately ventilated designated staffed area for recovery of patients.		To reduce the occupational exposure to inhalational agents.	10
21. Appropriate communication is held with the owner, prior to anaesthesia, 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
		TOTAL POINTS AVAILABLE:	**670**
		OUTSTANDING:	**540**
		GOOD:	**400**

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. Evidence of changes made as a result of the analysis.

Module 2: Clinical Governance

VETERINARY HOSPITAL

Requirements	Guidance notes
1. Regular morbidity and mortality meetings must be held to discuss the outcome of clinical cases, there are records of meetings 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 as a minimum and would ideally be face-to-face. Evidence of changes made as a result of such meetings.

Module 2: Clinical Governance

AWARD POINTS

This Modules 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 events (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; there are records of discussions and changes in procedures as a consequence.	Open, honest discussions with clear actions, no barriers to feedback.	There are records of discussions and changes in procedures as a consequence. 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.

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 cremation, destination of ashes etc.	
6. Charges are discussed with clients.	The practice must be able to demonstrate how fee estimates are generated, and procedures for updating and informing clients of ongoing costs.

Module 3: Client Experience

GENERAL PRACTICE

Requirements	Guidance notes
1. There must 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.
2. Team members should be effective at prioritisation of emergency cases.	The practice team 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 to provide appropriate attendance. Examples of acute trauma that may require urgent attention include fractures, wounds causing massive blood loss etc that require urgent attention.
3. Clients are aware of identity of team members responsible for the care of their animals and any changes in personnel day-to-day	Pictures on notice boards, name badges, websites, newsletters.
4. Insurance claims are handled efficiently and in a timely manner.	
5. 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 in line with guidance provided by the VDS or similar organisation.
6. There is an efficient system for regular and timely invoicing.	Statements should be provided at least monthly and sent in a timely fashion.

Module 10: Client Experience

VETERINARY HOSPITAL

Requirements	Guidance notes
1. The practice must have a means of encouraging feedback from clients and acting upon the results of feedback.	A consistent and systematic approach to gathering feedback and evidence of analysis and actions taken.

Module 3: Client Experience

AWARD POINTS

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

Requirements	Behaviours	Guidance notes	Points
1. There is an appointment system for named veterinary surgeons.			10
2. Clients' preferred clinician is noted on records, if applicable.			10
3. The practice has an online presence which is updated with latest information on opening times, services and team members.			20
4. A range of media is used to communicate and interact with clients.		This might include social media, newsletters etc.	20
5. The time taken to answer the telephone is monitored and is within reason.			20
6. There are current and relevant notice boards in the public areas of the practice.		This can include electronic notice boards. Details of current topical items, education.	20
7. There is a reminder system in place for:		i. Vaccination ii. Follow-up examination iii. Dental checks iv. Parasite control	10 10 10 10
8. There is a method of informing clients when running behind scheduled consulting times.			10

9. 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 questionnaire 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
10. 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
11. A member of the team has undertaken training in bereavement counselling in the last four years and provided internal training to the team.		This might include an external course, webinar, online resources and documented self-study. Evidence through team members training records.	20
12. There is client information available on coping with the loss of their pets and sources of support.		This could include leaflets, websites. See: www.ourspecialfriends.com or www.thepetlossvet.com/ Suggestion to include emotional support for clients and team members, pre post euthanasia care.	10
13. 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.	20
14. A member of the team has undertaken training in end-of-life options in the last four years and provided internal training to the team.		This might include an external course, webinar, online resources and documented self-study.	20
15. Team members are aware of financial options that may be available for clients with limited financial means.		Written information for clients is advisable.	10

16. 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
17. There is an individual that acts as referral coordinator that takes responsibility for all records and ensures all processes are followed.			10
18. There is a system for updating the clients on fees on a frequent basis and for alerting the client as soon as practicable when fees reach or exceed the estimate or agreed fee interval.		Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records.	10
19. Payment options for all pets (including insured animals) are clearly communicated to clients.		Client literature.	10
20. Practices should have measures in place to direct clients to appropriate sources of information to help them choose an appropriate insurance policy for their animal.		Only team members who have received Appointed Persons Training should give advice about specific policies.	10
21. Practice tours and client awareness events are encouraged and available.		Practices tours might be virtual.	10
22. Team members have received training on customer service.			30
23. The practice is qualified in Investors in People or Investors in Customers.			30
24. A method is in place to monitor the client understanding of the consultation.		e.g. Consultation exit feedback.	10
25. There is an annual consideration of appointment schedules, including need for early pick-ups or drop-offs.		This enables an assessment to be made regarding demand for early/late/weekend appointments.	10
26. Team members are educated to understand PSS and communicate what accreditation means 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
27. There is a system in place for the delivery of repeat dispensed medicines.		This may be an SOP for posting medicines.	10

28. 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.	It should be evident in discussion that complaints are seen as a positive way to engage with clients. Practices that focus on reducing or eliminating complaints do not understand the process.	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.	40
		TOTAL POINTS AVAILABLE:	**570**
		OUTSTANDING:	**460**
		GOOD:	**340**

Module 4: Dentistry

CORE STANDARDS

Requirements	Guidance notes
1. Instruments and equipment must be appropriately maintained.	Internal maintenance records, service records. Includes cleaning, disinfection and sterilisation where appropriate e.g. instruments used for surgical procedures.
2. Evidence of training team members in the proper use and maintenance of equipment must be available.	Team member training, and or induction records. Includes protocols for cleaning / disinfection / sterilisation
3. Appropriate Personal Protective Equipment (PPE) must be available and used.	Aprons, face masks, goggles and disposable gloves.
4. A selection of diagnostic / treatment equipment appropriate for the range of species to be treated must be present.	A selection of hand scalers, curettes, periodontal probes, elevators and/or luxators must be available, suitable for the range of species to be treated.

Module 3: Dentistry

GENERAL PRACTICE

Requirements	Guidance notes
1. Appropriate equipment will be available to undertake routine oral surgical procedures in the species treated, including extraction.	Appropriate instruments for cats and dogs should include elevators and or luxators, gags, hand instruments, powered dental unit, handpieces and burs. High speed air driven dental hand pieces are recommended, however an electrically driven hand piece may be used. Suitable cooling must be used when sectioning teeth. Appropriate instruments for rabbit dentistry should include suitable gags, hand instruments, handpieces and burs. Rabbit incisor teeth should be mechanically trimmed and not clipped.
2. Appropriate equipment will be available to undertake routine oral hygiene procedures in the species treated.	This includes mechanically scaling and polishing teeth
3. Detailed dental records must be maintained and recorded on the patient history.	Records should include diagnosis and therapy, and the use of dental charts is recommended.
4. Measures must be employed to reduce contamination of other areas, especially the sterile operating theatre.	Measures should be taken to minimise aerosol contamination.

Module 3: Dentistry

VETERINARY HOSPITAL

Requirements	Guidance notes
1. Dentistry must never be performed in surgical theatres.	Specific measures to prevent contamination beyond the immediate dental area must be taken. These might include use of suction tips close to the operating head of scalers and dental hand pieces, an extraction fan close to the operating site or ideally a dedicated dental procedure room with negative pressure ventilation. This will be assessed through observation and talking to team members.
2. The use of sterilised dental packs for each procedure is required.	This will be assessed through observation and talking to team members.
3. Suitable facilities to obtain dental radiographs must be available.	This will require either digital facilities or the use of intra-oral and non–screen films.

Module 4: Dentistry

AWARD POINTS

This Modules contributes towards the Award in 'In-patient Service'.

Requirements	Behaviours	Guidance notes	Points
1. Dental CPD has been undertaken by one veterinary surgeon involved in dentistry, in the past four years.	Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to the practice have been made as a result.	This would include specifically dental CPD but not necessarily a dental module of a certificate course.	30
2. Dental CPD has been undertaken by one Registered or Student Veterinary Nurse involved in dentistry, in the past four years.	Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to the practice have been made as a result.	This would include specifically dental CPD but not necessarily a dental module of a certificate course.	30
3. A member of the practice team has attended Dental module of Cert AVP or equivalent.		Evidence of team member training records	30
4. There is a dedicated dental procedures area with appropriate ventilation.		This area may be used for other contaminated procedures. Air extraction from contaminated areas should not contaminate clean areas.	20
5. The practice produces diagnostic quality dental x-rays.		This covers the species normally covered by the practice.	40
6. Dental charts are regularly used and accessible.		Charts will be used in the majority of dental procedures.	30
7. Appropriate lighting suitable for illuminating the oral cavity is available.		For example head torch.	10
8. Closed sterile packed instruments are available.			20
9. Magnification is used.		For example loupes/endoscopes.	10
10. Local anaesthesia procedures are			20

used.			
11. There is a contaminated procedures protocol.		Any dental procedure is a source of contamination so consideration should be given to where and when dental procedures are carried out and to operator safety. Use of oral antiseptics should be routine.	20
12. There is appropriate waste fluid management.		There must be provision for drainage of fluids from dental procedures.	10
13. Provision of educational resources on preventative oral health care is provided for clients routinely and always after dental procedures.		Website, posters, verbal instructions, nurse clinics, client meetings, tooth brushing, appropriate chews, dental diets. Warnings regarding inappropriate and dangerous activities and products such as playing with sticks/stones/tennis balls, chewing hard bones/antlers.	20
14. There is written evidence of practice dental ethics policy.		This should include a policy for the referral of complex dental cases and cosmetic / elective treatments.	10
		TOTAL POINTS AVAILABLE:	**300**
		OUTSTANDING:	**240**
		GOOD:	**180**

Module 5: 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 2-17.

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 and offer this facility if it is not available within the practice.	Practice protocols / team members can explain.
2. 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 to see 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.
3. The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice.	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 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/
4. 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.
5. 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.
6. 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.
7. A controlled area 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 the RPA's advice.	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. It is recommended that appropriate warnings are provided at the entrances to controlled areas.
8. 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.
9. 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.

10. 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, the practice must provide at least one protective apron with a lead equivalence throughout of not less than 0.25mm, and, if animals are ever held, must provide hand and forearm protectors with a lead equivalence of not less than 0.5mm, sufficient for all personnel involved. When not in use, aprons should be stored and transported appropriately to avoid damage. The assessor will check team members understanding of appropriate use. 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 The risk assessment should be reviewed at least annually.
11. The x-ray machine must be serviced according to manufacturer's requirements and there must be written evidence of a satisfactory report.	The inspector will ask to see the x-ray machine's service records.
12. 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.

13. 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.
14. 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.
15. There must be sufficient provision for the non-human restraint of patients during radiography. Sufficient means of mechanical and chemical restraint must be provided for the range of species treated.	No animal should be held unless there are clinical reasons why they cannot be restrained by other means. Positioning aids such as sand bags, cradles, wedges and ties must be suitable for the range of species routinely treated. Suitable drugs and equipment for anaesthesia or sedation must be available.

16. There must be a system of personal dose monitoring for all persons entering the controlled area 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.
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 record 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. Team members may be asked to retrieve an example exposure.

Module 5: Diagnostic Imaging

GENERAL PRACTICE

Requirements	Guidance notes
1. There must be x-ray facilities suitable for the range of species routinely treated.	For an individual premises (branch or main practice) to be accredited as a General Practice there must be x-ray facilities actually available on site in those premises.
2. A suitable range of cassettes, screens and grids must be available.	A range of grids suitable for species routinely treated should be available. This should include a grid and cassette of at least 30cm x 40cm. The underlying principle is that x-rays of a large dog's chest may be taken in one picture to avoid errors in two frames. Grids are required for digital systems.
3. Original diagnostic images should be retained for an appropriate period.	Images may be hard copy or in digital format. Before disposal of images, consideration should be given to their potential future value. (Ideally these should be retained for at least the life of the patient). Consult your indemnity insurer for advice on retention period.
4. Diagnostic images must have a means of patient identification	Labels or digital tags are acceptable.
5. The practice must provide or have arranged access to ultrasound diagnostic services suitable for the species treated.	

Module 5: Diagnostic Imaging

VETERINARY HOSPITAL

Requirements	Guidance notes
1. Screen film combinations or digital systems to minimise radiographic exposure while providing the necessary level of detail must be used.	Screens must be kept clean.
2. Measuring callipers, or other suitable devices, must be available to determine accurately the depth of the part being radiographed.	
3. The hospital must be able to perform a range of contrast examinations and a suitable range of contrast material must be available.	Evidence of these must be provided.
4. The sole use of self-adhesive labels for the identification of radiographs is not acceptable. Radiographs should be permanently identified at the time of the exposure.	
5. An ultrasound system capable of providing diagnostic quality images of the range of species treated is provided.	Evidence must be provided of training and CPD for team members in the use of the equipment. Reference material must be available.
6. ECG equipment producing a recordable trace suitable for taking measurements is provided.	Evidence must be provided of training and CPD for team members in the use of the equipment. Reference material must be available.
7. ECG recordings are suitably filed and stored.	Team members can demonstrate suitable filing and storage of recordings.
8. Endoscopes are provided to allow diagnostic investigation of the upper and lower digestive tract and upper airway/trachea of appropriate species.	Evidence must be provided of training and CPD for team members in the use of the equipment. Reference material must be available.
9. A pair of endoscopy biopsy forceps is available, compatible with the equipment available.	
10. Equipment for the measurement of intraocular pressure must be available.	Evidence of training and its use provided.

Module 6: Diagnostic Imaging

AWARD POINTS

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

Requirements	Behaviours	Guidance notes	Points
1. Diagnostic images are attached to patient records.			20
2. Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners.		Email, CD's, memory sticks etc. With images in Dicom and more easily accessed formats.	20
3. A range of images are available for reference.		Images of normal patients or with common conditions.	20
4. Training aids - CPD reference material is available.		Text books, electronic resources.	10
5. General imaging CPD has been undertaken in the last two years, by at least one team member.		General - refresher /improving Assessors will expect to see team members' training records.	20
6. An imaging module has been completed by a member of the team e.g. CERT AVP or a team member has a post-graduate qualification related to diagnostic imaging.		Assessors will expect to see team members' training records.	30

7. Evidence is provided of training team members in the use and routine maintenance of all imaging equipment available within the practice.		Team members training records Reference material must be available and team members will be interviewed by the assessor.	10
8. Training has been undertaken and facilities are available for the following advanced diagnostic studies:			
		i. Pneumocystogram/double contrast cystogram,	10
		ii. Barium studies	10
		iii. Excretory urography, angiography	10
		iv. Diagnostic endoscopy flexible - gastro-enteric/lower airway	30
		v. Diagnostic endoscopy Rigid - Arthroscopy/rhinoscopy	20
		vi. ECG (interpretation in-house or by telemetric interpretation service)	20
		vii. Diagnostic ultrasound	30
		viii. Diagnostic ultrasound - with Doppler (echocardiography)	20
		ix. Slit lamp	10
		x. Retinography	10
		xi. Tonometry (glaucoma)	20
9. Documented audit of image quality either in house or external		Assessment of image quality and diagnostic value, performed for each modality used in practice.	20

10. MRI is performed on site.		There must be a protocol for performing standing MRI including iv catheter access, sedation protocol, action in the event of an emergency (e.g. ability to anaesthetise the horse and safely remove it from the scanner). Record of all MRI examinations, including patient name, date, region scanned and personnel involved. Image interpretation is carried out by a suitably trained person	20
11. Scintigraphy is performed on site.		There is a protocol for performing standing nuclear scintigraphy including i.v. catheter access, sedation protocol, action in the event of an emergency (e.g. ability to anaesthetise the horse and safely remove it from the scanner). Record of all nuclear scintigraphy examinations, including patient name, date, region scanned, exposure factors and personnel involved. Records of radiopharmaceutical supply, dosage, use, disposal, training, spillage, monitoring radiation in room and stable, Protocols and guidelines for owners. Servicing of gamma camera Compliance with Environment Agency rules and recommendations of RPA. Image interpretation is carried out by a suitably trained person.	20
		TOTAL POINTS AVAILABLE	**350**
		OUTSTANDING	**280**
		GOOD	**210**

Module 6: Emergency and Critical Care (ECC)

There are no Core, General Practice or Veterinary Hospital requirements in this Module.

Emergency Service Clinic (ESC)

Requirements	Guidance notes
1. A full-time veterinary surgeon must be employed at each premises who shall have overall responsibility for all emergency and critical care and professional matters within the clinic.	
2. All clinical team members must be provided with guidance notes on emergency practice policies before commencement of work. There must be formal evidence of induction of team members at the outset of their employment.	Assessors will ask to see team members' induction records
3. A one-year CPD plan must be provided for the ECC team.	
4. A protocol must be in place for the referral of appropriate cases e.g. spinal injuries, head injuries and multiple system trauma.	
5. When covering for another practice, a written agreement must be entered into with the client practices which includes a written policy on surgical complications of their cases and daily reporting of clinical records back to the client's practice.	
6. There must be an animal ambulance service or agreement with a local animal transport company for the transportation of animals.	
7. A full-time RVN must be employed at each premises, whose primary role is the responsibility for the nursing and clinical care of the clinic's patients and who shall be directly involved in such care.	

8. At least one on-duty veterinary surgeon, directly responsible for the care of in-patients and any new admissions or out-of-hours appointments is on the clinic's premises at all times during all of the hours of operation of the clinic.	Evidence will be provided through team rotas. This does not preclude a veterinary surgeon attending off-site in the rare circumstances that this may be necessary.
9. In addition to the veterinary surgeon, at least one other on-duty member of team whose role is the active involvement in nursing and medical care of patients must be on the premises during all the hours of operation of the clinic.	Evidence will be provided through team rotas.
10. Any on-duty team members on a 'rest break' must at all times be readily available for active duty during the hours of operation of the clinic.	Evidence will be provided through team rotas.
11. There must be a written policy on answering the telephone including how to answer call-outs, transports concerns and fee estimates.	
12. The practice has a system in place for monitoring and discussing the clinical outcomes of ECC cases and acting upon the results.	It is expected that outcomes will be actively followed up with daytime practices/clients.
13. Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.	This lighting must continue to function in the event of a loss of power. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Head torches are acceptable.
14. Suitable facilities for neonatal care are provided.	Should include heat, oxygen provision, glucose provision and airway suction.
15. The practice must provide separate accommodation for the isolation of infectious and zoonotic cases or have a written policy for dealing with such cases that is known to all team members.	The premises has the ability to isolate an infectious animal from all other patients. i. Isolation facilities must have: ii. Hand washing facilities; iii. Separate air space; iv. Ventilation that produces a negative air pressure in the facility to reduce the risk of cross infection; v. Separate drains to avoid cross infection. Isolation facilities can mean either a special area to which access is limited

	or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.
16. There must be an ability to provide close control of fluid replacement.	This could be by an infusion pump or syringe driver suitable for infusion of high volumes rapidly and low volumes slowly.
17. Facilities are available for the intensive care of critically ill patients.	These must include intravenous fluid therapy, blood transfusion, oxygen therapy and maintenance of body temperature.
18. Multi-parameter monitoring suitable number of monitoring equipment required for the workload of the premises.	This would normally be expected to include pulse oximetry, capnography, continuous ECG, body temperature and blood pressure.
19. A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times.	
20. The following equipment must be available on site together with evidence of training or CPD for the team in its use and maintenance- ECG, ultrasound machine, endoscopes.	There must be a suitable quantity and range of endoscopes for the range of species routinely treated.
21. The premises must have a biochemistry analyser onsite.	24-hour availability.
24 The premises must have an electrolyte analyser onsite.	24-hour availability.
25 The premises must have haematology analyser onsite.	24-hour availability.

26 The following equipment must be provided on the premises: i. Binocular microscope with mechanical stage, electric light source and oil immersion facility; ii. Centrifuge suitable for PCV, blood separation and urine sedimentation; iii. Urinary refractometer.	

Module 16: Emergency and Critical Care (ECC)

AWARD POINTS

This Module contributes towards the Award in 'Emergency and Critical Care'.

Requirements	Behaviours	Guidance notes	Points
1. If covering for another practice the clinic must regularly update them on price changes.			20
2. Members of the ECC team demonstrate that at least 30% of CPD is specifically relevant to ECC work.			50
3. In addition to the veterinary surgeon, at least one RVN whose role is the active involvement in nursing and medical care of patients must be on the premises during all the hours of operation of the clinic.		Evidence will be provided through team members rotas.	40
4. The practice has the ability to measure:			
		i. Acid-base	10
		ii. Blood gases venous	10
		iii. Blood pressure	10
		iv. Lactate	10
		v. Coagulation which must include BMBT	10
		vi. Intraocular pressure	10
5. The practice has the ability to perform:			
		i. Assisted feeding: nasogastric or naso-oesophageal tubes	10
		ii. Assisted feeding:	10

			oesophagostomy tubes and peg tubes	
		iii.	Assisted feeding: microenteral	10
		iv.	Blood transfusion cross-matching	10
		v.	CSF sampling	10
		vi.	Central venous catheterisation	10
		vii.	Arterial blood gas analysis	10
		viii.	CRIs	10
		ix.	Peritoneal dialysis	10
		x.	Intraosseous access	10
		xi.	IPPV	10
		xii.	Electrocautery	10
		xiii.	Epidural pain management	10
		xiv.	Pericardiocentesis	10
		xv.	Thoracocentesis	10
		xvi.	Chest drain placement	10
		xvii.	Tracheotomy / tracheostomy	10
		xviii.	Tube cystotomy	10
The practice can supply supplementary oxygen by means of:				
		i.	Oxygen cage	10
		ii.	Nasal catheter	10
		iii.	Transtracheal catheter	10
		iv.	Oxygen hood	10

The practice has the following drugs in stock : - Activated Charcoal - Apomorphine - European Viper Venom Antiserum - Fresh Frozen Plasma - Methocarbamol - Acetylcysteine - Vitamin K1 - Intralipid	It is recognised that there may be supply or geographical reasons for some items not being required or temporarily unavailable.		40
6. Oxyglobin is available.			10
7. The practice has a protocol in place for accessing advice from a service providing veterinary specific advice on the management of poisons.			30
8. Team members have been trained in CPR on animals.			30
9. Team members have been trained in the use of FAST and T-FAST Scans.			30
10. Individuals have access to a range of suitable resources, including the internet, in relation to emergency and critical care.		This could include access to journals or databases.	**10**
		TOTAL POINTS AVAILABLE:	**540**
		OUTSTANDING:	**430**
		GOOD:	**320**

Module 7: 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 of premises and equipment. Cleanliness and disinfection of personal protective equipment and clothing and cleanliness of vehicles. This applies to all species and practices. See Bella Moss Foundation in Guidance notes http://www.thebellamossfoundation.com/
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 recognised sterilisation system, 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 and all consulting rooms must have facilities for	Team members should be trained in safe disposal.

safe disposal or sharps, hazardous and non-hazardous waste.	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 provide designated accommodation for the isolation of infectious and zoonotic cases or have a written policy for dealing with such cases that is known to all members of team members.	Where truly separate and self-contained isolation facilities are not available, there must be a detailed Standard Operating Procedure (SOP) setting out how infectious cases are to be dealt with or referred elsewhere. Sending patients home is insufficient. The inspector will expect to see a SOP, which details the procedure for isolation and care of infectious cases. Either separate isolation facilities must be provided along with the SOP, or, if such facilities are not available, there must be a detailed SOP for isolation of infectious cases, including barrier nursing requirements. 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 and accommodation; • Designated persons to be responsible; • Reference to COSHH and Health and Safety information pertaining to the risks of dangerous pathogens and zoonoses; • Clear information regarding the demarcation of the isolation area.
6. Procedures must be in place to minimise cross-infection in clinical areas. Cleaning and disinfection materials must be readily available and used in all areas of the practice.	Risk based disinfection of all clinical areas must be done between patients. This can include floor, equipment and hand touch areas such as doors, door handles and keyboards.
7. Hand washing facilities must be available for all team members.	

8. A hand washing sink should be available in or immediately adjacent to the consulting room.	
9. Washing and disinfectant facilities must be provided for team members in the kennels and cattery.	The expectation is that each ward area will have its own sink located in the ward. Where this is impossible, and the nearest sink is located in an adjacent room, then consideration must be given as to whether the room in which the sink is located is in a 'clean' or a 'dirty' environment. As 'dirty' procedures are done in the ward area, it would generally be unsuitable for the sink or access to it to be via a clean environment. Additionally, consideration must be given to the touching of the door handles; it would not be acceptable for team members to use their hands to open a door to access a sink in the adjacent room. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.
10. Appropriate PPE must be readily available and used.	Dedicated clean clothing should be used in clinical areas and changed regularly. Gloves and aprons must be readily available and used where appropriate. Sterile gloves and gowns for surgical cases must be available and used where appropriate.
11. Vehicles used for the 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.	
12. Cleaning and disinfection materials must be readily available and used.	Risk based disinfection of consulting and all related surfaces must be done between patients. This should include floor, equipment and keyboards.
13. Appropriate PPE must be readily available and used.	Dedicated clean clothing should be used for consulting and changed as required. Gloves and aprons must be readily available and used where appropriate.

Module 7: 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 7: Infection Control

VETERINARY HOSPITAL

Requirements	Guidance notes
1. The practice must provide separate accommodation for the isolation of infectious and zoonotic cases or have a written policy for dealing with such cases that is known to all team members.	A hospital must have the ability to isolate an infectious animal from all other patients. Isolation facilities must have: - Hand washing facilities - Separate air space - Ventilation that produces a negative air pressure in the facility to reduce the risk of cross infection. - Separate drains to avoid cross infection. Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.
2. Vacuum autoclaves are compulsory for wrapped packs/drapes.	

Module 7: Infection Control

AWARD POINTS

This Module contributes towards the Awards in 'Team and Professional Responsibility', 'In-Patient Service' and 'Patient Consultation Service'.

Requirements	Behaviours	Guidance notes	Points
1. The practice has a designated individual responsible for infection control who monitors compliance with infection control policies.		Ideally this would be a veterinary surgeon or RVN.	30
2. The surfaces and furnishings of the waiting room are impervious and easily disinfected.			10
3. Hand washing / sanitising facilities are available in the waiting room.			10
4. The practice has written protocols in place for infection control, which are known to all team members and evidence can be produce that these are being used.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		
		i. Cleansing and disinfection of hand touch areas, including computer keyboards, mice, light switches, door handles etc.	10
		ii. Laundry, clothing and drapes.	10
		iii. Management of Bedding.	10
		iv. Use of disinfectants.	10
5. Work uniforms are worn during clinical activities.			20

6. Every ward area has its own dedicated sink with hot and cold running water.			20
7. The practice has a dedicated isolation facility.		Isolation facilities must have: - Hand washing facilities - Separate air space - Ventilation that produces a negative air pressure in the facility to reduce the risk of cross infection. - Separate drains to avoid cross infection.	30
8. The practice has protocols in place for the identification and management of cases of infection involving multi-resistant bacteria.			30
9. The practice has procedures in place to educate the team and clients about antibacterial resistance and zoonoses, and the implications for animal and human health.		http://www.thebellamossfoundation.com/ https://www.bsava.com/Portals/4/knowledgevault/resources/files/Protect_Poster.pdf http://www.bva.co.uk/News-campaigns-and-policy/Policy/Medicines/Antimicrobials/ The assessor will talk to team members to ascertain their awareness and understanding.	20
		TOTAL POINTS AVAILABLE:	**210**
		OUTSTANDING:	**170**
		GOOD:	**130**

Module 8: In-patients

CORE STANDARDS

Requirements	Guidance notes
1. The practice must have a written policy for the overnight care of in-patients detailing who is responsible, frequency of checks etc.	
2. The owners must be informed of the level of overnight supervision during an overnight stay.	Needs clarifying - clients must be made aware if someone is on the premises overnight or if not how often checks are made – i.e. last thing at night/first thing in the morning.
3. Any in-patient facilities must be of a suitable size, securable, sturdy, escape-proof, without potentially injurious faults and easily cleanable.	The practice must have at least one kennel suitable for a large breed of dog or have a plan in place for this facility if the need arises.
4. The practice must provide facilities and an adequate nursing team for the care of any in-patients.	Where there are animals onsite but no member of team members the practice must demonstrate the provision for animal welfare and emergency (e.g. fire / evacuation).
5. A suitable range of bedding, feed stuffs and clean fresh water must be available.	
6. Feeding equipment must be disposable or regularly disinfected.	
7. Dirt trays, absorbent litter and adequate cage space are required for feline in-patients.	
8. Sanitary facilities for ambulatory canine in-patients must be provided.	These may be outside and precautions must be taken to prevent the escape of animals.
9. There must be suitable provision for the storage and preparation of food.	

Module 8: In-patients

GENERAL PRACTICE

Requirements	Guidance notes
1. All hospitalised animals (other than short/routine surgical procedures admitted as day cases) 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	
2. There must be a positive means of identifying the patient while on the premises.	This may involve tagging the patient and/or well-identified accommodation.
3. Equipment that will be in contact with the patients must be chosen to minimise the risk of cross-contamination or exacerbation of any clinical condition.	
4. Facilities to maintain body temperature must be available.	e.g. heat pads.
5. Facilities to provide supplementary oxygen must be available in the in-patient area.	
6. Intravenous fluids must be available.	
7. A range of diets must be available to meet the needs of in-patients and stored appropriately.	
8. There must be the ability for hospitalisation of the full range of species routinely admitted.	
9. There must be a range of accommodation of a suitable size for the number and species routinely treated.	The inspector will ask to see the daily surgery log and appointment list to correlate with in-patient facilities available. Collapsible kennels are acceptable for emergency day hospitalisation.

10. There must be adequate heating, lighting and ventilation of the inpatient area.	

Module 8: In-patients

VETERINARY HOSPITAL

Requirements	Guidance notes
1. There must be a minimum of 6 kennels or cages for the hospitalisation of patients. - Towels, blankets or acrylic bedding materials must be provided. - The kennels or cages, and their fittings, must be made of non-permeable materials so as to be easily cleaned and disinfected. - Where dogs are treated there must be at least one large kennel suitable for a giant breed of dog together with a good range of smaller kennels and cages. - At least 1 cage must be of the walk in type. - There must be no overcrowding. - Newspaper alone is not considered a suitable materials for overnight stay patients	
2. A person directly responsible for the nursing care of in-patients must be within the curtilage of the site at all times.	There must be residential accommodation or other arrangements so that a veterinary surgeon, veterinary nurse or an adequately trained member of lay team members is present on the premises 24 hours a day, every day of the year.
3. The practice must have the ability to provide 24-hour inpatient care including intensive care.	This is expected 24/7. If the case exceeds the ability of the current team members to provide care provisions should be made to refer cases. Team rotas will provide evidence.
4. There must be the ability to cater for the full range of species routinely treated and species segregation where appropriate. In particular, consideration must be given to separation of prey and predator species.	
5. Team members should have access to appropriately trained and experienced team members to provide advice and back-up 24/7.	This is to ensure that inexperienced team members are not left to deal with complex cases especially out-of-hours. Out-of-hours on call rotas may provide evidence.
6. There must be a minimum of daily examination of all in-patients by a veterinary surgeon, which should be recorded on the hospital records.	

7. Sanitary facilities for neonatal care must be provided.	
8. There must be access to appropriate imaging 24/7.	
9. There must be access to laboratory facilities 24/7.	Biochemisty / haematology.
10. The practice must have the ability to undertake blood transfusions.	
11. The practice must have at least one infusion pump and one syringe driver.	
12. There must be enhanced facilities for maintaining body temperature.	e.g Bair hugger / incubator.
13. There must be enhanced facilities for providing oxygen	e.g oxygen tent (including a humidifier).

Module 8: In-patients

AWARD POINTS

This Module contributes towards the Award in 'In-patient Service'.

Requirements	Behaviours	Guidance notes	Points
1. A veterinary surgeon examines all in-patients at least twice daily and update records accordingly.		Patient records.	20
2. The veterinary surgeon and veterinary nurse in charge of a case undertake correct handover.	Sharing of essential information between parties involved in patient care.	Personnel in charge of an animal should be recorded on the patient record.	10
3. All patients have a structured admission and discharge procedure with a member of the team appropriately trained to discuss the case with the client.		In most cases this should be supported with written discharge instructions.	10
4. There are procedures in place to update clients on the progress of their animal and to ensure that informed consent is maintained		This should include updating on costs. The inspector will wish to be satisfied that all post-op cases are being monitored until discharged from the premises.	20
5. There are facilities to separate cats and dogs and predator and prey species.		This is could be achieved by the sub-division of wards.	10
6. There are facilities for bathing and grooming appropriate to species treated.		This should include either a tub table or a separate facility.	10
7. Nutritional assessments are carried out for all in-patients, and feeding plans implemented and recorded and regularly re-assessed.		This could be incorporated into the nursing care plan e.g. WSAVA toolkit which can be found at http://www.wsava.org/sites/default/files/JSAP%20WSAVA%20Global%20Nutritional%20Assessment%20Guidelines%202011_0.pdf	20

8. Provision is made for clients to visit in-patients as appropriate to the condition of the animal.		This may need to be restricted to allow for practice working and should take into account the safety of the client and the animal and minimise the risk of disease transmission.	10
9. The practice should have appropriate equipment to accurately deliver fluids at the appropriate rate for the species treated.		This might include infusion pumps and/or syringe drivers	10
10. The practice can demonstrate a plan for delivery of intravenous fluids which is reviewed at regular intervals.		This will include type of fluid, rate of delivery and total of delivery.	10
11. There is a protocol in place defining intravenous catheter maintenance.		This should include instructions on aseptic placement, daily maintenance and replacement schedule.	10
12. The practice has the ability to undertake blood transfusions.		The team members should demonstrate they are trained to prepare, carry out and monitor patients undergoing transfusions. Consideration should be given to ethical sourcing of blood, blood typing and storage of blood and blood products.	20
13. When animals are hospitalised overnight there is a clear protocol for regular appropriate checks.			10
14. When animals are kept overnight there is a member of the team responsible for the care of the animals on the premises at all times.		Team members may take rest periods as long as they remain on the premises.	20
15. The member of the team responsible for the care of the animals is a veterinary surgeon or RVN.		Team members may take rest periods as long as they remain on the premises NB requirements 14 and 15 will be fulfilled by 15.	40

16. When animals are kept overnight there is a veterinary surgeon or RVN responsible for the care of the animals on the premises and awake at all times.		Team members may take rest periods as long as they remain on the premises NB points 14, 15 and 16 will be fulfilled by point 16	60
17. At least one cage is of the walk-in type.			20
		TOTAL POINTS AVAILABLE:	**310**
		OUTSTANDING:	**250**
		GOOD:	**190**

Module 9: Laboratory and Post Mortem

CORE STANDARDS

If the practice does not have an in-house laboratory only requirements 1-15 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. The practice identifies specimens with: - Patient ID - Date of collection - Tests required - Method of collection if applicable	
3. 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.
4. 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.
5. A list of persons trained in handling laboratory specimens and in the risks of laboratory work must be kept.	Training records.
6. PPE is available and used.	
7. 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.	Team members may be asked to retrieve data.
8. The practice has reference materials applicable to the tests carried out.	
9. Adequate post-mortem facilities must be available or other arrangements made.	When conducting post-mortem examinations full consideration must be given to the health and safety issues. Adequate risk assessment and

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 licensed arrangements must be in place for the transport of carcases or diagnostic quality examination to be performed.	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. When conducting post-mortem examinations full consideration must be given to the health and safety issues associated with primates, birds and reptiles.
10. When making arrangements for a post-mortem examination the practice must ensure that clients are made aware of the level of procedure being undertaken.	The practice must ensure that clients are aware whether or not an autopsy it 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 same practice group or otherwise.
11. The practice laboratory meets any statutory requirements.	
12. The practice has a system in place to ensure suspected, notifiable diseases are reported to the appropriate authority.	
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 and the provision of suitable additional adequate protective clothing, and the use of glove boxes or similar, to guard against zoonoses. Team members and clients, 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. 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.
16. 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 persons 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.

17. 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 - adequate electrical circuits and outlets - adequate facilities for hand washing.	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. There must be a sink in the laboratory area or a sink accessible to team members without touching door handles. There must be an SOP in place for accessing hand washing facilities in an adjacent room if none is available in the laboratory.
18. In house laboratory has a log or similar tracking mechanism to ensure results are received, reviewed by veterinary surgeon and conveyed to client.	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 Test requests should be tracked so that arrival or non-arrival or results can be flagged and followed up as appropriate.
19. Equipment is used and maintained according to manufacturer's instructions and this is recorded.	
20. There must be suitable arrangements for quality control of automated practice laboratory tests.	Periodic controls as per the manufacturer’s instructions to test the machine is running correctly and is calibrated correctly, the results documented and acted upon where necessary.
21. Reagents are stored according to manufacturer's instructions.	
22. The practice disposes of test kits and reagents upon expiration in the correct manner.	
23. Reference range values are available for each species commonly dealt with by practice.	

24. The practice has a system in place to ensure suspected notifiable diseases are reported to the appropriate authority.	
25. Adequate post-mortem facilities must be available or other arrangements made. 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 licensed arrangements must be in place for the transport of carcases or diagnostic quality examination to be performed.	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. Adequate health and safety procedures must be in place if post-mortem examinations are conducted on site.

Module 9: Laboratory and Post Mortem

GENERAL PRACTICE

Requirements	Guidance notes
1. The practice has an in-house laboratory	
2. Instrumentation for tests performed on the premises include: - Method of measuring PCV - Binocular microscope (with a range of objective lenses and light source) - Centrifuge - Refractometer - Glucometer or chemistry analyser capable of measuring blood glucose - Cytology stains - Method to measure TP	Evidence will be required that some of the following tests are being performed in house: - cytology (e.g.. Urine, skin scrape, ear, vagina, semen, FNA) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) - PCV - Blood glucose - Urine dip stick tests - FeLV / FIV / T4 / Pancreatitis tests
3. 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.

4. The practice has a log or similar tracking mechanism to for samples sent to outside laboratories to ensure results are received, reviewed by a veterinary surgeon and conveyed to client and archived.	The log should include: - Patient ID - Date of sample collection - ID of outside laboratory - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival or results can be flagged and followed up as appropriate.

Module 9: Laboratory and Post Mortem

VETERINARY HOSPITAL

Requirements	Guidance notes
1. There must be a nominated person in overall charge of the laboratory facilities.	
2. The hospital must have a biochemistry analyser onsite.	24-hour availability.
3. The hospital must have an electrolyte analyser onsite.	24-hour availability.
4. The hospital must have haematology analyser onsite.	24-hour availability.
5. The following equipment must be provided on the premises: • Binocular microscope with mechanical stage, electric light source and oil immersion facility •Centrifuge suitable for PCV, blood separation and urine sedimentation •Urinary refractometer	
6. If bacteriology is undertaken on site, adequately qualified team members must be available.	The accurate interpretation of bacteriology plates requires team members qualified to HNC in Applied Biology or equivalent standard.
7. Facilities must be available for bone marrow aspiration.	

Module 9: 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 nationally accredited provider.			20
2. Histopathology is performed by pathologists with relevant veterinary qualifications.		Pathologist with expertise in tissues/species being examined.	10
3. There is a nominated person in overall charge of the laboratory facilities.			20
4. A biochemistry analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	30
5. An electrolyte analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance. There must also be the ability to look at smears and perform differential white cell counts on site.	30
6. A haematology analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	30
7. A blood gas analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	20

8. 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
9. The practice performs fine needle aspiration biopsies and/or impression smears.		Consideration should be given to referral to a pathologist as appropriate.	10
10. The practice monitors culture and sensitivity / MIC results to follow local patterns in bacterial resistance and informs treatment regimes.	Treatment procedures are informed by results	The assessor will look for evidence of changes to treatment regimes following a review of test data. See Infection Control Module	10
11. The practice records artefacts e.g. lipaemia, haemolysis in order to identify potentially rectifiable problems.		This record should form part of a regular laboratory sample technique audit procedure.	10
12. Following post mortem the patient's remains are closed before disposal.		Air / fluid tight suture / staple or equivalent closure.	10
13. Patient remains, when returned to the client are in a cosmetically acceptable condition.			20
14. In the case of the unexpected death of a patient an independent post mortem is offered.	An honest and open approach.	An independent post mortem would be performed by a person not normally employed with the practice. In cases potentially involving litigation a thorough post mortem is required and will be sent to a recognised pathologist	20
15. Practice team members training in laboratory procedures is updated annually and documented.		This could be in-house training. Evidence provided through training records.	20
		TOTAL POINT AVAILABLE:	**280**
		OUTSTANDING:	**220**
		GOOD:	**170**

Module 10: 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 trace ability and enable stock reconciliation.
3. 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.
4. 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.	
5. 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
6. Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).	There must be proper monitoring and recording of maximum and minimum temperatures in the refrigerator and dispensary, and where temperatures have been recorded out with 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. The suitability of such measures should be demonstrated.
7. 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.
8. Records of medicines administered to food-producing animals must include batch numbers.	In the case of a product for a non-food-producing animal, this need only be recorded either on the date of receipt of the batch or the date a veterinary medicinal product from the batch is first supplied.
9. Premises should have Veterinary Medicinal Product (VMP) storage areas clearly separated from food / drink for human consumption and toilet and washing areas.	
10. POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public / pets.	
11. Medicines must not be available for self-service except those with a category AVM-GSL.	
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. See VMD guidance note 14 for further guidance on record keeping:
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 inspector the ability to carry out a detailed audit as clarified by the VMD; in addition, the inspector 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 Controlled Drugs Liaison Officer. - A list of Police Controlled Drugs 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 Controlled Drugs, 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 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	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, 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).

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.	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 CD 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 care. Code of Conduct Supporting Guidance 4.9: 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.
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).	Note: 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 so to do.	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 records 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 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).	Re SQPs, the assessor will ask to see SOP for procedures for supplying POM-VPS/NFA-VPS.
24. 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-Vs** 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.
25. 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.
26. 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.” 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, 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).
27. 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.
28. 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.

29. 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. But 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 inspector will ask to see completed off-label forms – not just that a stock of blank forms is held.
30. 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/
31. No Wholesale dealing must take place of medicines unless the practice must holds an appropriate Wholesale Dealers Authorisation (WDA).	Emergency supply of medicines to another practice would be permitted.
32. 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
33. For medicines requiring special handling e.g cytotoxic/cytostatic/hormones the practice has in place SOPs for the storage, administration and disposal.	

Module 10: Medicines

GENERAL PRACTICE

There are no General Practice requirements in this Module

Module 10: Medicines

VETERINARY HOSPITAL

Requirements	Guidance notes
1. At least one member of Team Members must have attended an appropriate pharmacy course in the last 4 years.	For example BSAVA Dispensing course, University of Glasgow course, BCVA course. Evidence will be provided through training records.
2. All labels must be mechanically or machine produced, handwritten labels are not acceptable.	Handwritten labels for ambulatory practitioners or those on visits are considered acceptable for reasons of practicality- as the majority of details (i.e. veterinary practice address) are pre-printed onto labels the additional information can be added by hand.

Module 10: Medicines

AWARD POINTS

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

Requirements	Behaviours	Guidance notes	Points
1. The practice has a designated person responsible for the running of the dispensary.		This person would be expected to ensure that dispensary SOPs are available and the team is trained in their use.	30
2. The practice has a designated person responsible for auditing Controlled Drugs by checking the register balance and the amount in stock at least weekly.		This person must be a veterinary surgeon or RVN. In the absence of the designated person an appropriate deputising system is in place.	20
3. A team member has recently attended further training in dispensing and medicines legislation.	Team members that receive the training ensure that there is transfer of knowledge to other members of the practice team.	e.g BSAVA, Glasgow, BCVA it is expected that a current member of the team will have attended training in the last four years.	50
4. The dispensary has a clearly demarcated work surface for the preparation of prescriptions and medications.			10
5. There is a clear storage system for medications awaiting collection by clients that ensures they are held under the appropriate conditions.		This applies to systems inside the clinic and to out-of-hours medicine collection arrangements. There should be a system in place to audit those medicines not collected.	10
6. For animals sent home on cytotoxic and hormone medications leaflets, training and suitable PPE are provided to animal owners/carers.			10

7. The practice employs an SQP.			10
8. The practice has ready access to appropriate and current reference materials relevant to the use of medicinal products.		e.g. BVA guide, BSAVA formulary, BEVA formulary app and VMD guidance notes.	10
9. The practice has in place a written quality management system for dispensing medicines. The practice has SOPs in place which cover :		This should include systems in place to prevent errors.	
		i. Handling veterinary medicines	10
		ii. Stock and date control	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 medicines	10
10. 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.		For example, new product notice board or monthly updates at practice meetings, NOAH updates.	20
11. If the practice is an internet retailer they are accredited by the VMD under the AIR Scheme.			10
12. The PMS identifies products used under the Cascade and prompts the user to label correctly and use appropriate consent forms.			20
13. The PMS automatically labels products used under the Cascade			10

correctly and automatically produces a consent form.			
14. 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 they are correctly disposed of within an appropriate timeframe if not used.	10
15. The practice has a protocol for antimicrobial use in common conditions encountered.		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 inspector will require an example of a written protocol.	30
16. 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 inspector will require an example of a written protocol.	30
		TOTAL POINTS AVAILABLE:	**360**
		OUTSTANDING:	**290**
		GOOD:	**220**

Module 11: 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. Team members must be aware of the requirements of relevant Data Protection legislation.
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 11: Medical Records

GENERAL PRACTICE

Requirements	Guidance notes
1. Signed consent forms are usually required for all procedures when a 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. Consent follows from discussions with the client. This applies to animals seen at the owner's premises or at the practice. If treatment changes during the course of investigation, telephone consent is allowed, but should be recorded in the clinical records.
2. All hospitalised animals 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	This includes animals admitted as day patients.
3. The practice system is capable of passing patient records between premises within the same practice group.	
4. Complete records must contain the following information, where applicable: • Owner identification - name, - address, - contact telephone numbers. • Patient identification:	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.

- Name; - species; - breed; - colour; - age; - sex; - microchip number or tattoo number and weight. • Clinical information: - Dates of all examinations, investigations, treatments; - author of clinical records, history and details of clinical examination, investigations, provisional diagnosis and treatments; - vaccinations - batch numbers; - special considerations – abnormal drug reactions by patient or client; - concurrent clinical conditions; - repeat prescriptions – authorisation and review date. • External communications: – referrals and 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. 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. Ideally, client financial information should be recorded separately from clinical records. 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 11: Medical Records

VETERINARY HOSPITAL

Requirements	Guidance notes
1. There must be facility for easy referral of patients from a branch surgery to the full facilities available at a hospital. The clinical records system must be accessible at branches of the Veterinary Hospital.	
2. Records must include therapeutic and diagnostic plans.	

Module 11: 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. Records include diagnostic and therapeutic plans.		This should be in a form that is understandable to the whole practice team, ideally using standardised medical nomenclature.	30
3. 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 a procedure.	20
4. The practice is working towards standardised medical nomenclature.		This can either be based on a local nomenclature or other standard system e.g. VENOM or SNOMED. Evidence of training for all team members using the system.	10
5. There is easy access from the patient medical record to associated clinical documentation - digitalised, scanned or paper.		e.g. imaging records, laboratory reports, referral reports, insurance records, previous history (from other practices) and written discharge instructions for the owner and referring veterinary surgeon.	30
6. The practice has a protocol to update records regarding deceased patients including removal of patient's names from reminder lists.	Team members understand the rationale behind this.		30

7. The animal's weight is regularly updated to ensure accurate therapeutic dosing.	Team members understand the rationale behind this.		20
		TOTAL POINTS AVAILABLE:	**190**
		OUTSTANDING:	**150**
		GOOD:	**110**

Module 12: Nursing

CORE STANDARDS

Requirements	Guidance notes
1. Where veterinary nurses are carrying out work under Schedule 3 of the Veterinary Surgeons Act 1966, the inspector 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 suitable training.	Evidence may be provided verbally, with the assessor speaking to a cross-section of team members. 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 inspector speaking to a cross-section of team members. Training records confirm.

Module 12: Nursing

GENERAL PRACTICE

There are no General Practice requirements in this Module.

Module 12: Nursing

VETERINARY HOSPITAL

Requirements	Guidance notes
1. At least one Registered VN is employed.	The RVN 's primary role is the responsibility for the nursing and clinical care of the clinic's patients. Team members' schedules / rotas will provide evidence. It is an intention for the future that Veterinary Hospitals have a RVN onsite for all normal opening hours.
2. There must be a CPD plan for the nursing team.	CPD should be specific to job requirements of the nursing team.
3. Nursing care is provided 24/7.	Schedules / rotas to provide evidence.
4. All animals (non-routine) have a nursing plan.	This should include specific instructions for complex interventions e.g. managing chest drains, nursing post chemotherapy / radioactive isotopes. A recognised nursing care plan (NCP) should be completed and regularly reviewed for each eligible patient. NCPs should be overseen by a qualified member of the practice.

Module 12: Nursing

AWARD POINTS

This Modules contributes towards the Awards in 'Patient Consultation Service' and 'In-patient Service'.

Requirements	Behaviours	Guidance notes	Points
1. A RVN is employed for all normal practice opening hours (or part time equivalents to FTE).		The RVN's primary role is the responsibility for the nursing and clinical care of the clinic's patients.	70
2. There should be sufficient appropriately trained team members to provide patient care to expected numbers of patients.	Team members can describe the appropriate level of care expected.	For team members without a recognised qualification (or on an approved course) the practice must demonstrate the training given. Training could be in-house or externally provided. This includes inpatients and surgical patients.	50
3. All animals undergoing any procedure should have a nursing care plan.		A nursing care plan should be completed and regularly reviewed for each eligible patient. NCP's should be overseen by a qualified team member. For routine procedures standardised plans are acceptable.	50
4. All anaesthetics are monitored and maintained by a Veterinary Surgeon or Registered Veterinary Nurse, (or enrolled student under the continuous and direct supervision of a Veterinary Surgeon).	Observation and check anaesthetic records	This means that different people are undertaking the procedure and monitoring anaesthesia. Short term exceptions for sickness etc.	50
5. The nursing team is involved in the regular practice clinical meetings.		All members of the nursing team should have the opportunity to input items for discussion.	20
6. Clinical nursing procedures are subject to clinical audit.		This could be outcome, process or significant event audits.	20

7. Nurse clinics are provided for clients		Where not carried out by a RVN appropriate training should be demonstrated e.g. Nutrition, Pet Health Councillor. Evidence may be provided through training records, client literature and team rotas.	30
8. One or more RVN (s) has additional relevant qualifications.		e.g. BSc, Advanced Diploma , BVNA dentistry certificate, VTech etc Training records.	20
9. The practice has clinical clubs / meetings for the nurses.			20
		TOTAL POINTS AVAILABLE:	**330**
		OUTSTANDING:	**260**
		GOOD:	**200**

Module 13: Out-of-hours

CORE STANDARDS

Requirements	Guidance notes
1. Pratices 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 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/ 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 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/ Practices must demonstrate availability of information for species/cases outside of their competencies is available to on duty veterinary surgeons.
3. Practices must make provision to attend cases away from the practice premises on the occasions when in the veterinary surgeon's professional judgement it is deemed necessary.	See Chapter 3 in 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/24-hour-emergency-first-aid-and-pain-relief/ Practices should be able to provide advice on animal ambulance and taxi services willing to transport animals outside normal working hours, any veterinary back-up, details of relevant equipment and local contacts, and

	information on the provision of other 24-hour emergency services in the local area.
4. 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.
5. 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
6. 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.	
7. Practices should inform all clients of their out-of-hours (OOH) arrangements.	Clients should be provided with information, at initial registration, on the emergency service, including relevant telephone numbers, location details and the likely initial costs of a consultation. 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. Assessors may interview clients as to how they are informed of OOH arrangements.
8. 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 13: 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. A suitably trained person is available to assist in the administration of a general anaesthetic.	The inspector will ask to see what arrangements are made for surgical emergencies to ascertain that a suitably trained person would be available to assist in the administration of a general anaesthetic.
3. Practices can only outsource their OOH provision to practices that meet or exceed their own level.	This refers to the base categories of Core/GP/Veterinary Hospital

Module 13: Out-of-Hours

VETERINARY HOSPITAL

Requirements	Guidance notes
1. The practice must provide out-of-hours cover at the Hospital premises.	This must be in place within 5 years.

Module 13: Out-of-hours

AWARD POINTS

This Module contributes towards the Awards in 'Patient Consultation Service' and 'In-patient Service'.

Requirements	Behaviours	Guidance notes	Points
1. A protocol is a place to ensure that resources are available (e.g. weekend and overnight team members) to complete the patient's treatment, however long.		This might entail referring / transferring the patient to another practice prior to treatment.	30
2. The practice's OOH is covered by an ESC.		This could be the practice itself.	10
3. The practice's OOH is covered by a practice that is good or better at ECC.		This could be the practice itself.	20
4. The practice's OOH is covered by a practice that is outstanding at ECC.		This could be the practice itself.	30
5. Transfers between practices should be based on clinical need not convenience of either practice and should be kept to a minimum and organised by the practice.		This might entail referring the patient to another practice prior to treatment. The practise of transferring patients to and from out-of-hours as routine is to be discouraged.	50
6. If the practice takes referral cases it provides 24-hour availability in all their specialties, or they, by prior arrangement, direct referring veterinary surgeons to an alternative source of appropriate assistance.		These arrangements should be made clear to known referring practices on a regular basis.	10
		TOTAL POINTS AVAILABLE:	**150**
		OUTSTANDING:	**120**
		GOOD:	**90**

Module 14: Out-patients (First Opinion)

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, thermometer, ophthalmoscope and aureoscope must be available for clinical examination. Items may be shared between consulting areas.
2. Vehicles routinely used by the practice must be clean, tidy and well maintained and equipped sufficiently to enable basic procedures to be performed at the client's premises.	The inspector will view as many vehicles as practicable to be reasonably sure that this standard is met. It would be acceptable for a visit box to be moved between vehicles.
3. Contaminated items, waste materials (including sharps) should be transported and disposed according to Regulations.	See Infection Control Module, Core Standards Requirement 1 regarding bio security policy and 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 have to be used in vehicles, hands free must be available.	
5. Equipment should be stowed so as not to risk accident or injury.	
6. The practice must have a means of estimating or establishing the weight of species routinely treated.	Weight should be determined as accurately as possible e.g. scales, weight tapes or standard weight charts.
7. Cleaning and disinfection materials must be readily available and used.	Risk based disinfection of consulting and all related surfaces must be done between patients. This should include floor, equipment and keyboards.
8. Appropriate PPE must be readily available and used.	Dedicated clean clothing should be used for consulting and changed as required. Gloves and aprons must be readily available and used where appropriate.

9. Team members must be adequately trained in animal handling.	Non slip lead, muzzles, crush cage, blanket, gloves, dog catcher. Ability to call for assistance – personal or room alarm. Evidence may be required in the form of team members induction / training records.
10. A stretcher or trolley must be provided for the safe transportation of heavy animals.	

Module 14: Out-patients (First Opinion)

GENERAL PRACTICE

Requirements	Guidance notes
1. The ability to view x-rays / diagnostic images must be available in at least one consulting area	Could be an x-ray viewer or computer
2. The practice must have access to a service providing veterinary specific advice on management of poisons.	It is not necessary to have a formal annual contract. An SOP to show how information is being accessed, for example, via websites on a 'pay-as-you-go' basis would be acceptable.
3. Scales must be provided to allow accurate weighing of the full range of species routinely treated.	This enables accurate dosage of medications and treatment planning,
4. At least one examination area must be able to be darkened.	

Module 14: Out-patients (First Opinion)

VETERINARY HOSPITAL

Requirements	Guidance notes
1. There must be a hand basin within each consulting area available for use by Team Members and clients.	

Module 14: Out-patients (First Opinion)

AWARD POINTS

Requirements	Behaviours	Guidance notes	Points
1. There is a Written Diagnostic Protocol (WDP) 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 inspector will require one example of a written protocol for each category the practice wishes to attain points for.	
		i. skin disease	10
		ii. ears	10
		iii. urogenital	10
		iv. GI	10
		v. cardiac	10
		vi. respiratory	10
		vii. ophthalmic	10
		viii. exotic	10
		ix. neurological	10
		x. reproductive	10
		xi. lameness	10
2. There is a hand basin within each consulting area available for use by team members and clients.			20
3. There is a written vaccination policy.		This must be reviewed at regular intervals and at least annually.	10
4. There is a written parasite control policy.		This must be reviewed at regular intervals and at least annually.	10

5. There are Written Therapeutic Protocols (WTPs) for commonly encountered conditions and clinical scenarios.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. The assessor will require one example of a written protocol for each category the practice wishes to attain points for. The assessor will look at case records and talk to team members.	
		i. skin disease	10
		ii. ears	10
		iii. urogenital	10
		iv. GI	10
		v. cardiac	10
		vi. respiratory	10
		vii. ophthalmic	10
		viii. exotic	10
		ix. neurological	10
		x. Reproductive	10
		xi. Lameness	10
		TOTAL POINTS AVAILABLE:	**240**
		OUTSTANDING:	**190**
		GOOD:	**140**

Module 15: Pain Management

CORE STANDARDS

Requirements	Guidance notes
1. Pain is routinely assessed and appropriate analgesia provided.	See *RCVS Code of Professional Conduct* Guidance note 3 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 15: Pain Management

GENERAL PRACTICE

There are no General Practice requirement in this Module.

Module 15: Pain Management

VETERINARY HOSPITAL

There are no Veterinary Hospital requirement in this Module.

Module 15: Pain Management

AWARD POINTS

This Module contributes towards the Awards in 'Patient Consultation Service' and 'In-patient Service'.

Requirements	Behaviours	Guidance notes	Points
1. The practice has a designated person for pain relief who implements training and monitors compliance with pain protocols.		This person is expected to be a veterinary surgeon.	30
2. A pain scoring sheet (e.g. Glasgow pain score) is available throughout the practice.		Evidence that relevant personnel understand why the sheet is there and its use.	10
3. Members of the clinical team have received specific 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
4. Team members know how to access relevant reference materials on pain assessment and control.		This could be reference texts or materials held in the practice or online resources.	10
5. Pain assessment is performed and recorded using a standardised peer-reviewed system e.g. Glasgow pain score.		Evidence that there has been thinking and planning behind acquiring the appropriate pain scale and this has been followed through with clear communication in the practice; training for relevant personnel; and an assessment of judging its impact and modifying its usage if necessary.	40
6. Appropriate interventions against pain are provided for in- and out-patients in response to pain scores.		Evidence should be provided through clinical records. Interventions will be in response to initial pain scores and changes in pain scores. Interventions may include local and regional anaesthesia.	40

7. The 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
8. Pain is reassessed and recorded regularly throughout surgical procedures and recovery.		Evidence that this reassessment has led to recorded decisions.	20
9. Patients with chronic conditions, e.g. osteoarthritis, are reassessed regularly and treatment plans adjusted appropriately.		Seek evidence of the reassessment and that the resulting decisions are recorded.	10
10. 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
11. 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 and sympathetic manner and that the practice has taken clients' comments into account.	20
		TOTAL POINTS AVAILABLE:	**230**
		OUTSTANDING:	**180**
		GOOD:	**140**

Module 16: 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.	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 members of 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 role 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. Where RVNs or SVNs are performing Schedule 3 procedures there should be evidence of training and assessment to ensure the individual is competent in that procedure.	There should be appropriate records of the assessment available

10. 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.
11. 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.
12. The practice must have a completed up to date Health and Safety Law poster, which is displayed for all team members to see.	
13. 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.
14. 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 inspector 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.
15. 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 evidence discussion around H&S policy.

16. 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 oxygenand 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.

17. 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 member or practice manual, in area references or in aide- memoirs around the practice. They should be up to date and easily accessible.
18. The practice must have undertaken a thorough assessment of the risks arising from the use of veterinary medicines and 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 longer-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).
19. Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.	Evidence of servicing of: anaesthetic machines, autoclaves, monitors, 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.
20. Team members are prepared for emergencies.	Team members are familiar with procedures for turning off water supply, electricity, oil, heating gas and compressed gases.
21. 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.
22. All gas appliances require 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.

23. 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.
24. Team members understand the fire evacuation procedure and how to alert others in case of fire.	
25. 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
26. 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.
27. There must be regular maintenance of fire alarms and equipment and regular fire practice evacuations.	
28. The practice must have performed a fire risk assessment.	
29. If in a flood area, a flood plan should be in place and understood by the team.	
30. Appointed persons for first aid receive current training appropriate to their role.	The appointed persons can describe how they have been prepared for their responsibilities which may just be stocking the first aid box and calling an ambulance.
31. 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 can describe how they have been prepared for their responsibilities which may just be stocking the first box and calling an ambulance.
32. 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.
33. 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

34. 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.

35. 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 (L). 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. An example of equipment covered by the Regulations is overhead gantry cranes for lifting anaesthetised horses. It is unlikely that height adjustable operating tables for use with small animals where no 'lifting' as such takes place will be covered.
36. 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 16: 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.	People 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 once yearly but can be more frequent.

Module 16: Practice Team

VETERINARY HOSPITAL

Requirements	Guidance notes
1. A one-year CPD plan must be provided for the hospital team.	

Module 16: 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 has 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 need.	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 meeting 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 inspector 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. The 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 is approved for VN Training.		Practices would be expected to have at least one student in current training.	40
31. The practice plays an active role in the local community.		For example, school visits, charity events and agricultural shows	10
32. The practice takes placement students.	For example, work experience pupils from local schools or college students on animal care courses.		10
		TOTAL POINTS AVAILABLE:	**570**
		OUTSTANDING:	**460**
		GOOD:	**340**

Module 17: Premises

CORE STANDARDS

Requirements	Guidance notes
1. The premises must be suitable and adequate for its intended purpose.	
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 (ordinarily 16ºC), as appropriate.	
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 in private.	The consulting area may be used for other purposes, provided that hygiene is not compromised. Public/clients should not be able to see into the consulting room.
7. The floor area and walls in the consulting area must be made of non-slip materials and able to be thoroughly cleaned.	Unsealed concrete would not be acceptable.
8. The table area or examination surface in the consulting area must be made of materials suitable for thorough cleaning.	
9. There must be clear segregation of clean and contaminated items and protective clothing, and safe storage and transport of waste materials, including sharps.	

10. Glass walls and visible prep areas/operating theatres may give rise to issues of consent and client confidentially, as well as potentially distressing clients, witnessing procedures taking place. Practices must have the means of screening off the rooms (e.g. blinds) so that the area cannot be seen if consent cannot be obtained from the relevant parties.	This will only apply to areas visible to the general public and is not expected for clinical areas, e.g. glass walled operating theatre in clinical area.
11. The practice must provide a waiting room or reception area of adequate size.	
12. 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.	Any animal food stuffs should be safely stored.
13. 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.
14. Team members must have access to appropriate amenities. Team Members and public 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.
15. Team members' refreshments must not be prepared in clinical areas.	

Module 17: Premises

GENERAL PRACTICE

Requirements	Guidance notes
1. In the consulting room privacy must be ensured by adequate soundproofing, and must allow complete closure from the public.	For example, doors and windows that close, windows with blinds.
2. 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.
3. The area immediately surrounding the premises must be maintained in a clean and tidy state.	Team members are aware of the need to provide a hygienic and tidy front practice.
4. Reception facilities must be provided which are 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 17: Premises

VETERINARY HOSPITAL

Requirements	Guidance notes
1. The buildings must be constructed of brick, stonework, or other substantial materials.	
2. The internal walls and floors of in-patient areas must be impervious so as to permit thorough cleansing and disinfection.	The join between the floor and the wall must have a curved finish to aid cleaning, with the coving being carried up the wall. All joints in the flooring material or coving must be impervious and finished flush with the surface. Stick-on coving is not acceptable.
3. Emergency lighting must be provided to allow the hospital to continue to function in the event of a power cut or electrical failure.	Background emergency lighting is adequate for general areas (see Surgery Module for theatre lighting).
4. Adequate temperature regulation must be available for comfort of team members and efficient functioning of 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. Temperatures should be monitored to ensure that they stay within these limits.
5. The waiting area must be designed to encourage reasonable separation of dogs, cats and other predator/prey species, and nervous animals.	Where absolute separation cannot be achieved, a protocol for achieving separation as necessary should be available.
6. There must be separate accommodation for hospital patients and animals being groomed.	Any boarding or grooming business must be separate from hospital facilities. Public areas (waiting room, reception, public toilets) and team members' facilities (rest-room, toilets and offices) may be shared.
7. Smoke detectors, which provide a warning in the residential accommodation, must be installed in the kennel area.	

Module 17: Premises

AWARD POINTS

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

Requirements	Behaviours	Guidance notes	Points
1. Adequate temperature regulation must be available for the comfort of team members and patients, and the efficient functioning of 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 may be provided and records kept.	10
2. The waiting area allows for the separation of dogs, cats and other predator/prey species, and nervous animals.			30
3. The office area is kept clean and tidy.			10
4. Bulk stock items are easily accessible for team members.			10
5. Clear signage outside the practice is of a professional standard and includes opening hours and out-of-hours provision.			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 the practice.		This should cover entrances and car parking facilities, for the safety and security of team	10

		members.	
9. There are intercom facilities to communicate with clients.		This enables communications with the clients prior to the door being opened, for the safety and security of team members during out-of-hours services.	10
		TOTAL POINTS AVAILABLE:	**110**
		OUTSTANDING:	**90**
		GOOD:	**70**

Module 18: Surgery

CORE STANDARDS

If no surgery is carried out on the premises then Core Standards practices are exempt from the requirements of this Module.

Requirements	Guidance notes
1. All surgeries must be performed by an MRCVS or Vet Student or RVN or SVN under supervision as allowed under Schedule 3.	
2. A designated area is used for the conduct of surgical procedures which has easily cleanable surfaces and a good source of illumination.	This area needs to be separated either temporally or spatially from other areas.

Module 18: Surgery

GENERAL PRACTICE

Requirements	Guidance notes
1. The operating theatre must be available for the conduct of sterile surgery at all times, it must not double up as a consulting room.	This should be a closed room with no through traffic.
2. There must be a scrub sink for the use of surgical procedures, which should be separate from a sink used for non-sterile items.	
3. There must be a written protocol for the maintenance of a surgically clean environment and evidence it is carried out.	
4. There must be an adjustable-height operating table.	
5. Sterile packs for emergency surgery must be available at all times.	These need to be checked regularly to ensure they have been sterilised within a reasonable length of time.
6. Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the sterilisation technique.	
7. Sterile gloves and gowns must be available and used where appropriate.	Maintenance of asepsis would normally require surgical gloves to be worn.
3. Dental procedures can be carried out at the end of the day in the theatre, as long as an SOP is in place.	
4. The area should usually only contain equipment for use in surgical procedures and x-ray equipment.	An autoclave can be placed in an operating theatre, provided that there is a suitable SOP for maintaining asepsis. Endotracheal tubes and anaesthetic circuits should not be stored on the wall of the operating theatre.
5. A separate area for the preparation of patients must be provided.	This does not mean that a practice has to have a separate room used exclusively for preparation purposes. The preparation area may be situated in a room that has another function; it cannot, however, be in the operating theatre.
6. The practice must provide a range of suitable sterile surgical instruments, consumables and suture materials for the work undertaken.	
7. 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.	
8. A means for displaying radiographs must be available in the theatre.	A laptop or mobile x-ray viewer or digital display screen would be acceptable.

Module 18: Surgery

VETERINARY HOSPITAL

Requirements	Guidance notes
1. A preparation room must be provided separate from the operating theatre for the pre-operative preparation of surgical patients.	
2. Scrubbing up facilities must be provided, with suitable elbow, foot or electric eye operated taps, which are adequately screened from the operating table.	
3. At least one operating theatre of adequate size must be provided and used only for the conduct of surgical operations.	
4. Doorways must be sufficiently wide for access into theatre by trolleys.	
5. The theatre must be designed and laid out to ensure sterility and facilitate cleaning.	This might include flat cupboard door fronts.
6. There must be a high standard of asepsis.	Gloves, gowns, hats, masks and dedicated footwear should be used during aseptic procedures. No outdoor shoes or clothing are allowed. All those present in theatre must wear scrub suits and hats in theatre. Consideration must be given to the order in which procedures are undertaken, with those most likely to introduce contamination being done last.
7. Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.	This lighting must continue to function in the event of a loss of power. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Surgical head torches can be used.
8. An operating table of adjustable height, and capable of holding the patient in a tilted position, must be provided in the operating theatre.	

9. Orthopaedic operations must be performed as the only procedure in theatre (at any one time).	
10. Suitable surgical instruments must be available for orthopaedic surgery, including facilities for the repair of fractures.	
11. Electrosurgery and suction must be available for surgical use and are used appropriately.	

Module 18: Surgery

AWARD POINTS

This Modules contributes towards the Award in 'In-patient Service'.

Requirements	Behaviours	Guidance notes	Points
1. The preparation area is frequently cleaned so as to reduce contamination.		The area must be kept clean of loose hair, debris and litter. Assessors will ask to see evidence of cleaning schedules.	30
2. Surgical assistants (where used) are RVNs, SVNs, Veterinary surgeons or vet students.		Operating theatre rotas will be requested.	30
3. Team members and/or observers involved in sterile surgical procedures are attired appropriately.		Notices are displayed specifying requirements and assessors will speak to team members.	30
4. Any jewellery which may cause a potential breach of the sterile field is removed prior to entering the surgical area.		Notices are displayed specifying requirements and assessors will speak to team members.	10
5. There are scrub facilities available separate from the surgical area.			30
6. Scrubbing up facilities are available with suitable elbow, foot or electric eye operated taps, which are adequately screened from the operating table.			30
7. Sterile, disposable scrubbing brushes are used or a recognised brushless system is used.			10
8. Immediately before surgery a check is		Assessors will ask to see surgery protocols or	50

performed on patient ID and the procedure to be performed including anatomical location.		checklists.	
9. Recording systems are in place that include all team members involved and location for each procedure.		This information could be combined with an anaesthetic record. This enables auditing of post-operative complications.	10
10. Surgical sites are prepared using clippers, fitted with an appropriate blade.			30
11. Clippers and blades are cleaned and maintained appropriately.		It is recommended that clippers are cleaned and disinfected between every patient.	20
12. For surgery where the risk factors deem it appropriate a second prep is performed in theatre in a sterile manner.		For example spinal surgery may require a second prep using sterile swabs to ensure sterility.	20
13. A range of surgical drapes appropriate to the surgery undertaken are available.			20
14. A means of suspending extremities is available.		This is to enable the preparation and maintenance of a sterile field encompassing the entire limb.	10
15. Standards are in place to maintain the sterile field throughout the whole procedure.		Team members must be familiar with standard aseptic protocols.	30
16. Surgical packs initialled and dated by the person packing them and labelled for contents where required.			10
17. There is a method of administering intravenous fluids in the surgical area.		This might include suspended bags or mechanical pump.	10
18. Electrocautery is available and used appropriately.		Appropriate use includes training of team members in use, cleaning and maintenance.	10
19. Suction apparatus is available and used appropriately.		Appropriate use includes training of team members in use, cleaning and maintenance.	10
20. A means of maintaining body temperature during surgical procedures is available.		This may be achieved by using a bair hugger.	30

21. Laparoscopic equipment is available and used appropriately.		Appropriate use includes training of Team Members in use, cleaning and maintenance	10
22. Arthroscopic equipment is available and used appropriately		Appropriate use includes training of Team Members in use, cleaning and maintenance	10
23. Where lasers are used for surgery there is evidence of adequate training in their use including Health and Safety.		Appropriate use includes training of Team Members in use, cleaning and maintenance	10
24. Single use suture material packs are used.			10
25. There is an area used for non-sterile procedures (e.g. dentals, lancing abscesses) which is separate from the operating theatre.			30
26. There is a check system to prevent loss of surgical equipment in the patient.		This should include gauze swabs.	20
27. Team members have been adequately trained in cleaning, maintaining, sterilising and troubleshooting of instruments e.g. ultrasonic cleaning, lubrication, sharpening.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	30
28. If ethylene oxide sterilisation is used there is evidence of adequate training of team members and monitoring of exposure levels.			20
29. Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.		This lighting must continue to function in the event of a loss of power. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Surgical head torches can be used.	20
30. The practice has a protocol for the follow up of all surgical cases.			40
31. Clients are provided with detailed written instructions on post-operative management.		At discharge animals should leave with appropriate information for post-operative care provision by the client.	40

32. The practice carries out an audit of post-operative complications for a commonly performed procedures.	Open, honest evaluations with clear actions, no barriers to feedback.	This should include an audit of surgical site infections.	30
33. At least one team member has undergone specific surgical CPD in the last four years.			20
34. At least one team member has completed a clinical module of the Cert AVP in surgery or old style CertSAS.			20
35. A member of the clinical team is an RCVS Advanced Practitioner in small animal surgery.			30
36. A member of the practice team is an RCVS Recognised Specialist in small animal surgery.		This could be a regular arrangement with a Specialist who provides services within the practice.	30
		TOTAL POINTS AVAILABLE:	**800**
		OUTSTANDING:	**640**
		GOOD:	**480**