

Practice Standards Scheme (PSS) Change list

Updates Aug 22 – Nov 2023



This document contains details of all the updates made in Version 3.2 (Version 3.3 for Equine) of the PSS Modules and Awards documents, published in November 2023.

For each update, the previous wording is listed alongside the new wording for ease of comparison.

Species type / requirement number	Accreditation level	Previous wording (version 3.1 (3.2 for Equine))	New wording (version 3.2 (3.3 for Equine))
Schedule 2 Controlled Drugs security: Quinalbarbitone (Amendment to guidance notes making it a requirement that quinalbarbitone be securely locked away)			
Small Animal 10.1.12 Farm Animal 8.1.12 Equine 9.1.12	Core Standard	<p>Standard</p> <p>If Controlled Drugs are kept, these must be stored according to current legislation. Schedule 2 Controlled Drugs and certain Schedule 3 Controlled Drugs must be kept in a secure, lockable and immovable receptacle that can only be opened by a veterinary surgeon or a person authorised by him or her.</p> <p>Guidance notes</p> <p>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.</p> <p>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.</p> <p>Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbarbitone. 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.</p> <p>Schedule 3: Includes tramadol, buprenorphine, pentazocine, gabapentin, pregabalin, the barbiturates and others. They are not legally subject to safe custody except buprenorphine, diethylpropion and temazepam which must be kept under safe custody (locked secure cabinet); but it is a Core requirement that all Schedule 3 drugs must be locked away.</p>	<p>Standard</p> <p>If Controlled Drugs are kept, these must be stored according to current legislation. Schedule 2 Controlled Drugs and certain Schedule 3 Controlled Drugs must be kept in a secure, lockable and immovable receptacle that can only be opened by a veterinary surgeon or a person authorised by him or her.</p> <p>Guidance notes</p> <p>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.</p> <p>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.</p> <p>Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbarbitone. Drugs must be kept under safe custody (locked secure cabinet). Quinalbarbitone is not legally subject to safe custody, but it is a Core requirement that all Schedule 2 drugs are locked away equivalent to safe custody. 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.</p> <p>Veterinary surgeons should ensure that Schedule 2 controlled drugs under safe custody in practice vehicles are kept in a locked receptacle which is fixed within the car. If the car cannot be modified in such a way, it may be reasonable to secure the receptacle to a structure in the car, for example, using a metal cable tethered to an anchor point, such as the seat runners or seatbelt post, or bolting the lockable receptacle to the floor of the car. In any case, the receptacle should be kept out of sight.</p>

		<p>Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol.</p> <p>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. Assessors will ask to see the Controlled Drugs cabinet. 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 Controlled drugs: Veterinary medicines: www.rcvs.org.uk/vmd-cds</p>	<p>The secure container would ideally be fixed to the frame of the vehicle, but using a secure, lockable glove compartment or a secure container chained to the inside of the vehicle (e.g. passenger seat) would also be acceptable. Examples of secure containers include car safes, laptop safes and lockable cash tins.</p> <p>When transporting Schedule 2 controlled drugs, veterinary surgeons should avoid leaving the secure container unattended. Where this is unavoidable, the vehicle and container should remain locked and the time unattended kept to a minimum. Wherever possible, controlled drugs should be returned to the controlled drugs cabinet at the practice for storage overnight. Where this is not possible, controlled drugs may be stored in locked vehicle, but they should be inside a locked receptacle secured to the structure of the vehicle and kept out of sight. For more information, see VMD Guidance Controlled drugs: Veterinary medicines and RCVS guidance on Controlled Drugs.</p> <p>Schedule 3: Includes tramadol, buprenorphine, pentazocine, gabapentin, pregabalin, the barbiturates and others. They are not legally subject to safe custody except buprenorphine, diethylpropion and temazepam which must be kept under safe custody (locked secure cabinet); but it is a Core requirement that all Schedule 3 drugs must be locked away.</p> <p>Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol.</p> <p>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.</p> <p>Assessors will ask to see the Controlled Drugs cabinet. 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 Controlled drugs: Veterinary medicines www.rcvs.org.uk/vmd-cds</p>
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Species type / requirement number	Accreditation level	Previous wording (version 3.1 (3.2 for Equine))	New wording (version 3.2 (3.3 for Equine))
Farm vet Champions (Guidance notes amended to add reference to the Farm Vet Champions learning models)			
Farm Animal 8.1.28	Core Standards	<p>Standard</p> <p>A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>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 Protocol for responsible use of antimicrobials and anthelmintics.</p> <p>A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is 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.</p> <p>Antimicrobials advice is available from the BVA: www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: www.rcvs.org.uk/bva-amr practice.</p> <p>The BSAVA also provides advice on the responsible use of antimicrobials: www.rcvs.org.uk/bsava-amr</p> <p>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: 'Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status:</p>	<p>Standard</p> <p>A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>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 Protocol for responsible use of antimicrobials and anthelmintics.</p> <p>A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is 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.</p> <p>Antimicrobials advice is available from the BVA: www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: www.rcvs.org.uk/bva-amr plan.</p> <p>The BSAVA also provides advice on the responsible use of antimicrobials: www.rcvs.org.uk/bsava-amr</p> <p>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: 'Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status:</p>

		<p>1. BSAVA Medicines Guide: Section on Antimicrobials www.bsavalibrary.com/content/chapter/10.22233/9781905319862chap13</p> <p>2. PROTECTME notes www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters</p> <p>3. PROTECTME posters (general and rabbit) www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data</p> <p>4. Non-Prescription form (sample) www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data</p> <p>Examples of what assessors might look at – policy, medical records, poster, meetings where they created perioperative Farm Animal Module 8: Medicines Core Standards Page 97 of 216 antibiotic protocol. Assessors will also talk to practice team members.</p>	<p>1. BSAVA Medicines Guide: Section on Antimicrobials www.bsavalibrary.com/content/chapter/10.22233/9781905319862chap13</p> <p>2. PROTECTME notes www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters</p> <p>3. PROTECTME posters (general and rabbit) www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data</p> <p>4. Non-Prescription form (sample) www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data</p> <p>Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative Farm Animal Module 8: Medicines Core Standards Page 97 of 216 antibiotic protocol. Assessors will also talk to practice team members.</p> <p>Farm Vet Champions – The free learning modules cover technical species-specific modules, vet-farmer communication skills and behaviour change principles, the legal use of veterinary medicines, policies, and One Health aspects of antibiotic prescribing and stewardship. www.rcvs.org.uk/setting-standards/practice-standards-scheme/pss-training-and-resources</p>
Farm Animal 8.1.30	Core Standards	<p>Standard</p> <p>A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones, 3rd and 4th generation cephalosporins and colistin). This will include culture and sensitivity to show that no other, non-critical antimicrobials could be used in the place of a HP-CIA as a first-line treatment. It will also include the requirement that, if an HPCIA is used in exceptional circumstances (e.g. in a critical situation or pending culture results), an explicit justification should be included on the animal's clinical record.</p>	<p>Standard</p> <p>A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones, 3rd and 4th generation cephalosporins and colistin). This will include culture and sensitivity to show that no other, non-critical antimicrobials could be used in the place of a HP-CIA as a first-line treatment. It will also include the requirement that, if an HPCIA is used in exceptional circumstances (e.g. in a critical situation or pending culture results), an explicit justification should be included on the animal's clinical record.</p>

	<p>Guidance notes</p> <p>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. The aim is to reduce the use of antibiotics considered to contribute to antimicrobial resistance. In each and every situation where HP-CIAs are deemed necessary, culture and sensitivity should be carried out. If the farm history suggests that an HP-CIA is the most appropriate choice, these can be used only while awaiting results of diagnostics. Ongoing use of HP-CIAs is justified only with evidence of continued resistance to alternative treatments being demonstrated. Disc diffusion is the standard method of assessing antimicrobial sensitivity in diagnostic laboratories. The results are recognised as providing a useful guide, but in vitro sensitivity or resistance does not always correlate with in vivo sensitivity or resistance. The results should, therefore, be used in the context of the clinical response on-farm and the pharmacokinetic/ pharmacodynamic properties of each antimicrobial.</p> <p>Information on the antimicrobials contained within the group HP-CIA can be found on www.rcvs.org.uk/noah-cias</p> <p>The RUMA Guidelines on Responsible Use of Antimicrobials can be found on www.ruma.org.uk/antimicrobials/</p> <p>The Pig Veterinary Society (PVS) have published guidance on antimicrobial use which can be found on the open part of its website www.rcvs.org.uk/pvs</p>	<p>Guidance notes</p> <p>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. The aim is to reduce the use of antibiotics considered to contribute to antimicrobial resistance. In each and every situation where HP-CIAs are deemed necessary, culture and sensitivity should be carried out. If the farm history suggests that an HP-CIA is the most appropriate choice, these can be used only while awaiting results of diagnostics. Ongoing use of HP-CIAs is justified only with evidence of continued resistance to alternative treatments being demonstrated. Disc diffusion is the standard method of assessing antimicrobial sensitivity in diagnostic laboratories. The results are recognised as providing a useful guide, but in vitro sensitivity or resistance does not always correlate with in vivo sensitivity or resistance. The results should, therefore, be used in the context of the clinical response on-farm and the pharmacokinetic/ pharmacodynamic properties of each antimicrobial.</p> <p>Information on the antimicrobials contained within the group HP-CIA can be found on www.rcvs.org.uk/noah-cias</p> <p>The RUMA Guidelines on Responsible Use of Antimicrobials can be found on www.ruma.org.uk/antimicrobials/</p> <p>The Pig Veterinary Society (PVS) have published guidance on antimicrobial use which can be found on the open part of its website www.rcvs.org.uk/pvs</p> <p>Farm Vet Champions – The free learning modules cover technical species-specific modules, vet-farmer communication skills and behaviour change principles, the legal use of veterinary medicines, policies, and One Health aspects of antibiotic prescribing and stewardship. www.rcvs.org.uk/setting-standards/practice-standards-scheme/pss-training-and-resources/</p>
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Species type / requirement number	Accreditation level	Previous wording (version 3.1 (3.2 for Equine))	New wording (version 3.2 (3.3 for Equine))
Carrying firearms (Updated guidance notes to comply with Firearms Security Handbook 2020)			
Small Animal 16.1.35 Farm Animal 14.1.34 Equine 15.1.35	Core Standards	<p>Standard</p> <p>Where firearms are stored on the premises and / or used in the course of practice business firearms certificates for each individual using the equipment must be shown.</p> <p>Guidance notes</p> <p>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.</p>	<p>Standard</p> <p>Where firearms are stored on the premises and / or used in the course of practice business firearms certificates for each individual using the equipment must be shown.</p> <p>Guidance notes</p> <p>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.</p> <p>The authorised licenced users must have an SOP in place to highlight the safety measures taken whilst transporting a firearm to comply with government guidance. Including but not exclusive to:</p> <ul style="list-style-type: none"> – Where vehicles in which firearms are carried for professional use, are not fitted with immobilisers or alarms, then aftermarket systems should be fitted should be fitted. – Firearms should always be stored in the locked boot or other secured, preferably unglazed, load carrying area of the vehicle. – The firearm and ammunition should not be stored together. Where the boot or load carrying area is the most practical place, ammunition should be locked in an appropriate container, secured to the vehicle. – If a handgun, it should be kept in a locked container secured to the vehicle. – Provision should be made for the securing of other firearms to the vehicles structure, e.g. security case, cage, cable or clamp <p>www.gov.uk/government/publications/firearms-security-handbook</p>

Species type / requirement number	Accreditation level	Previous wording (version 3.1 (3.2 for Equine))	New wording (version 3.2 (3.3 for Equine))
Delivery of oxygen therapy (Clarification added that the ambubag must be connected to an oxygen source)			
Small Animal 14.1.5	Core Standards	<p>Standard</p> <p>The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a means of delivering oxygen.</p> <p>Guidance notes</p> <p>The source of oxygen can be an oxygen concentrator or an oxygen cylinder (size related to demand). An ambubag may be used as a sufficient alternative. Suitable methods of delivery include flow by, mask, nasal prongs or oxygen tent.</p>	<p>Standard</p> <p>The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a means of delivering oxygen.</p> <p>Guidance notes</p> <p>The source of oxygen can be an oxygen concentrator or an oxygen cylinder (size related to demand). Suitable methods of delivery include flow by, mask, nasal prongs, ambubag or oxygen tent.</p>
Destruction of CDs – ‘independent witness’ (link to VMD guidance added to Guidance notes)			
Small Animal 10.1.11	Core Standards	<p>Standard</p> <p>Medicines should be disposed of in accordance with the current legislation.</p> <p>Guidance notes</p> <p>Stock of 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:</p> <ul style="list-style-type: none"> – 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 team members and family members are specifically excluded – A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: www.rcvs.org.uk/cdlos <p>A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also</p>	<p>Standard</p> <p>Medicines should be disposed of in accordance with the current legislation.</p> <p>Guidance notes</p> <p>Stock of 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:</p> <ul style="list-style-type: none"> – 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 team members and family members are specifically excluded – A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: www.rcvs.org.uk/cdlos <p>A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also</p>

		<p>good practice to record the name of the CD, form, strength and quantity. A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but it is considered good practice to do so. Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV.UK guidance: www.rcvs.org.uk/t28</p> <p>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: 'Improper disposal of medicines causes environmental damage such as ecotoxicity.'</p>	<p>good practice to record the name of the CD, form, strength and quantity. A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but it is considered good practice to do so. Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV.UK guidance: www.rcvs.org.uk/t28</p> <p>Unless applying for the optional Environmental Sustainability Award: Improper disposal of medicines causes environmental damage such as ecotoxicity.</p> <p>The VMD updated their guidance (August 2022) on what constitutes an 'independent witness' for the purposes of destruction of CDs. Read the article: www.gov.uk/government/news/updated-guidance-on-destruction-and-disposal-of-veterinary-medicines-containing-controlled-drugs-cds</p> <p>Read the full guidance: www.gov.uk/guidance/controlled-drugs-recording-using-storing-and-disposal#independent-veterinary-surgeons</p>
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Changes to Client Services Award (Apportionment of points)

<p>Small Animal 3.5.24</p> <p>Farm Animal 3.5.14</p> <p>Equine 3.5.25</p>	<p>Client Experience Award Points</p>	<p>Standard</p> <p>The practice has a means of monitoring client perceptions and feedback and there is evidence that the practice acts upon such feedback.</p> <p>30 points</p> <p>Behaviours</p> <p>Evidence that analysis is done to determine any required action.</p> <p>Guidance notes</p> <p>Practices should be aware under GDPR that feedback is likely to be clients' personal data unless it is truly anonymous and should be covered in the practice's privacy policy. For further information please refer to: www.rcvs.org.uk/gdpr. Analysis of actions and feedback as a result.</p>	<p>Standard</p> <p>The practice has a means of monitoring client perceptions and feedback and there is evidence that the practice acts upon such feedback.</p> <p>40 points</p> <p>Behaviours</p> <p>Evidence that analysis is done to determine any required action.</p> <p>Guidance notes</p> <p>Practices should be aware under GDPR that feedback is likely to be clients' personal data unless it is truly anonymous and should be covered in the practice's privacy policy. For further information please refer to: www.rcvs.org.uk/gdpr. Analysis of actions and feedback as a result.</p>
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<p>Small Animal 3.5.25</p>	<p>Client Experience Award Points</p>	<p>Standard Use of RCVS PSS client questionnaire. 40 points</p> <p>Behaviours None</p> <p>Guidance notes Please contact the Practice Standards Team, who will provide you with your unique, on-line, pre-PSS assessment client questionnaire and advise you how many clients you need to send it to. The number of clients you need to send the questionnaire to, will be based on the size of your practice. For a small animal practice 50 responses per FTE vet is expected from the last two months. The results will be discussed with the practice. Practices should note that feedback is likely to be clients' personal data unless it is truly anonymous and should be covered in the practice's privacy policy. Please refer to the Guidance under Core requirement 3.1.1 for more guidance on GDPR responsibilities in this area. 40 points.</p>	<p>Standard Use of RCVS PSS client questionnaire. 20 points</p> <p>Behaviours None</p> <p>Guidance notes Please contact the Practice Standards Team, who will provide you with the number of clients you need to send the questionnaire will be based on the size of your practice. For a small animal practice 50 responses per FTE vet is expected from the last two months. PSS will provide you with a set of questions to share with clients. The results will need to be provided to the assessor on the day and these will be discussed. For referral or secondary service providers 25 responses per FTE vet is expected from the last two months.</p>
<p>Farm Animal 3.5.15</p>	<p>Client Experience Award Points</p>	<p>Standard Use of RCVS PSS client questionnaire. 40 points</p> <p>Behaviours None</p> <p>Guidance notes Please contact the Practice Standards Team, who will provide you with your unique, on-line, prePSS assessment client questionnaire and advise you how many clients you need to send it to. The number of clients you need to send the questionnaire to will be based on the size of your practice. For a farm animal practice 10 responses per FTE vet is expected from the last two months. The results will be discussed with the practice. Practices should note that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. Please refer to the Guidance under Core requirement 3.1.1 for more guidance on GDPR responsibilities in this area</p>	<p>Standard Use of RCVS PSS client questionnaire. 20 points</p> <p>Behaviours None</p> <p>Guidance notes Please contact the Practice Standards Team, who will provide you with the number of clients you need to send the questionnaire will be based on the size of your practice. For a farm animal practice 10 responses per FTE vet is expected from the last two months. PSS will provide you with a set of questions to share with clients. The results will need to be provided to the assessor on the day and these will be discussed. For referral or secondary service providers 25 responses per FTE vet is expected from the last two months.</p>

<p>Equine 3.5.26</p>	<p>Client Experience Award Points</p>	<p>Standard</p> <p>Use of RCVS PSS client questionnaire. 40 points</p> <p>Behaviours</p> <p>None</p> <p>Guidance notes</p> <p>Please contact the Practice Standards Team, who will provide you with your unique, on-line, prePSS assessment client questionnaire and advise you how many clients you need to send it to. The number of clients you need to send the questionnaire to will be based on the size of your practice. For an equine practice 20 responses per FTE vet is expected from the last two months. The results will be discussed with the practice. Practices should note that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. Please refer to the Guidance under Core requirement 3.1.1 for more guidance on GDPR responsibilities in this area</p>	<p>Standard</p> <p>Use of RCVS PSS client questionnaire. 20 points</p> <p>Behaviours</p> <p>None</p> <p>Guidance notes</p> <p>Please contact the Practice Standards Team, who will provide you with the number of clients you need to send the questionnaire will be based on the size of your practice. For an equine practice 20 responses per FTE vet is expected from the last two months.</p> <p>PSS will provide you with a set of questions to share with clients. The results will need to be provided to the assessor on the day and these will be discussed.</p> <p>For referral or secondary service providers 25 responses per FTE vet is expected from the last two months.</p>
<p>Small Animal 3.5.26</p> <p>Farm Animal 3.5.16</p> <p>Equine 3.5.27</p>	<p>Client Experience Award Points</p>	<p>Standard</p> <p>The practice has achieved a Net Promoter Score (NPS) of 80 or over in the pre-PSS assessment client questionnaire. 10 points</p> <p>Behaviours</p> <p>None</p> <p>Guidance notes</p> <p>None</p>	<p>Standard</p> <p>The practice has achieved a Net Promoter Score (NPS) of 80 or over in the pre-PSS assessment client questionnaire. 20 points</p> <p>Behaviours</p> <p>None</p> <p>Guidance notes</p> <p>To organize your results, group your responses from Question 2 into Detractors (0–6), Passives (7–8), and Promoters (9–10).</p> <p>To calculate your NPS using the following equation: Total % of promoters – total % of detractors = net promoter score.</p>

Species type / requirement number	Accreditation level	Previous wording (version 3.1 (3.2 for Equine))	New wording (version 3.2 (3.3 for Equine))
Veterinary Hospital – certificate holders (Clarification added to guidance notes)			
Small Animal 16.3.2	Veterinary Hospital	<p>Standard</p> <p>The hospital must have at least two team members with a post-graduate qualification with a small animal component.</p> <p>Guidance notes</p> <p>One of the post-graduate qualifications must have a small animal surgery component. This should be on a Full Time Equivalent (FTE) basis. If the team member(s) with a post-graduate qualification leave the employment of the practice so that the practice is not fulfilling this requirement, the PSS accreditation can be retained as long as the practice is actively recruiting a replacement team member(s) with a post-graduate qualification.</p>	<p>Standard</p> <p>The hospital must have at least two team members with a post-graduate qualification with a small animal component.</p> <p>Guidance notes</p> <p>At least two team members should total 1 FTE equivalent basis. This can be met by employees or by visiting vets, with contracts to provide specific services on the premises.</p> <p>The surgery component should be relevant to the work carried out at the premises.</p> <p>Where practices have a team member leave, they may retain their accreditation for a maximum of 12 months post assessment whilst recruiting</p>
Equine 15.3.2	Veterinary Hospital	<p>Standard</p> <p>The hospital must have at least two team members with a post-graduate qualification with an equine component. One of the post-graduate qualifications must have an equine surgery component.</p> <p>Guidance notes</p> <p>This should be on a Full Time Equivalent (FTE) basis.</p>	<p>Standard</p> <p>The hospital must have at least two team members with a post-graduate qualification with an equine component. One of the post-graduate qualifications must have an equine surgery component.</p> <p>Guidance notes</p> <p>At least two team members should total 1 FTE equivalent basis. This can be met by employees or by visiting vets, with contracts to provide specific services on the premises.</p> <p>The surgery component should be relevant to the work carried out at the premises.</p> <p>Where practices have a team member leave, they may retain their accreditation for a maximum of 12 months post assessment whilst recruiting.</p>

Species type / requirement number	Accreditation level	Previous wording (version 3.1 (3.2 for Equine))	New wording (version 3.2 (3.3 for Equine))
Incorporating Under care (Incorporating the RCVS new guidance on ‘under care’ and ‘24/7 cover’)			
Small Animal 10.1.15 Equine 9.1.15	Core Standards	<p>Standard</p> <p>Medicines must be prescribed and supplied according to current legislation.</p> <p>Guidance notes</p> <p>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 clinical care. See Chapter 4 of the supporting guidance to the RCVS Code of Professional Conduct: www.rcvs.org.uk/vetmeds.</p> <p>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.</p> <p>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.</p> <p>There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements. If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must:</p> <ul style="list-style-type: none"> • Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet • Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR) 	<p>Standard</p> <p>Medicines must be prescribed and supplied according to current legislation.</p> <p>Guidance notes</p> <p>POM-Vs:</p> <p>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 clinical care. See Chapter 4 of the supporting guidance to the RCVS Code of Professional and changes and the ‘Under care new guidance’ on the RCVS website: www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/veterinary-medicines/</p> <p>Whether a physical examination is necessary for the prescription of POM-Vs is a matter for the veterinary surgeon’s judgement depending on the circumstances of each individual case (please note that the Animals (Scientific Procedures) Act 1986 should be followed where it applies). For controlled drugs, antibiotics, antifungals, antiparasitics and antivirals, a physical examination should be carried out at the time of prescribing unless there are exceptional circumstances.</p> <p>POM-VPS:</p> <p>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. A veterinary surgeon who prescribes 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.</p> <p>There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements.</p>

			<p>If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must:</p> <ul style="list-style-type: none"> • Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet • Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)
Farm Animal 8.1.15	Core Standards	<p>Standard</p> <p>Medicines must be prescribed and supplied according to current legislation.</p> <p>Guidance notes</p> <p>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 clinical care. See Chapter 4 of the supporting guidance to the RCVS Code of Professional Conduct: www.rcvs.org.uk/vetmeds</p> <p>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.</p> <p>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.</p> <p>There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements.</p> <p>If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must:</p> <ul style="list-style-type: none"> • Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet • Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR) 	<p>Standard</p> <p>Medicines must be prescribed and supplied according to current legislation.</p> <p>Guidance notes</p> <p>POM-V:</p> <p>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 clinical care. See Chapter 4 of the supporting guidance to the RCVS Code of Professional and changes and the 'Under care new guidance' on the RCVS website: www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/veterinary-medicines/</p> <p>POM-Vs medicines may be prescribed and supplied by a veterinary surgeon only. 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. A veterinary surgeon who prescribes POM-Vs 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.</p> <p>Whether a physical examination is necessary for the prescription of POM-Vs is a matter for the veterinary surgeon's judgement depending on the circumstances of each individual case (please note that the Animals (Scientific Procedures) Act 1986 should be followed where it applies).</p> <p>When prescribing POM-Vs that are antibiotics, antifungals, antiparasitics or antivirals for production animals, farmed aquatic animals and game,</p>

		<p>veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd, flock or group. Veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal prior to prescribing, or recently enough to ensure they have adequate current information and knowledge to prescribe responsibly and effectively, taking into account any available production data and diagnostic laboratory results. In exceptional cases where this is not possible, or in sectors such as large-scale commercial poultry and fish enterprises, and antimicrobials are prescribed without conducting a physical examination, veterinary surgeons should be prepared to justify their decision and to record this justification in the clinical notes.</p> <p>POM-VPS: POM-VPS medicines may be prescribed and supplied by a veterinary surgeon, pharmacist, or Suitably Qualified Person (SQP). 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. A veterinary surgeon who prescribes 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.</p> <p>There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements. If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must:</p> <ul style="list-style-type: none"> • Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet • Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)
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<p>Small Animal 10.1.17</p> <p>Equine 9.1.17</p>	<p>Core Standards</p>	<p>Standard</p> <p>Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must:</p> <ul style="list-style-type: none"> – Authorise each transaction individually before the medicine is supplied – Be satisfied that the person handing it over is competent to do so. <p>Guidance notes</p> <p>Endoparasiticides are linked to various A veterinary surgeon could meet the requirement to authorise each transaction by:</p> <ul style="list-style-type: none"> • Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine • Making a note on a client’s record that repeat prescriptions could be supplied to the client • A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied • In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply <p>Note: A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines.</p>	<p>Standard</p> <p>Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must:</p> <ul style="list-style-type: none"> – Authorise each transaction individually before the medicine is supplied – Be satisfied that the person handing it over is competent to do so. <p>Guidance notes</p> <p>As regards prescribing transaction by:</p> <ul style="list-style-type: none"> • Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine • Making a note on a client’s record that repeat prescriptions could be supplied to the client • A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied • In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply <p>Note: – A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines. – For Prescribing POM-V’s, please see Under Care guidance changes: ‘Under care’ - new guidance - Professionals (rcvs.org.uk)</p>
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<p>Farm Animal 8.1.17</p>	<p>Core Standards</p>	<p>Standard</p> <p>Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must:</p> <ul style="list-style-type: none"> – Authorise each transaction individually before the medicine is supplied – Be satisfied that the person handing it over is competent to do so <p>Guidance notes</p> <p>A veterinary surgeon could meet the requirement to authorise each transaction by:</p> <ul style="list-style-type: none"> • Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine • Making a note on a client’s record that repeat prescriptions could be supplied to the client • A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied • In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply <p>Note: A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines.</p>	<p>Standard</p> <p>Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must:</p> <ul style="list-style-type: none"> – Authorise each transaction individually before the medicine is supplied – Be satisfied that the person handing it over is competent to do so <p>Guidance notes</p> <p>A veterinary surgeon could meet the requirement to authorise each transaction by:</p> <ul style="list-style-type: none"> • Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine • Making a note on a client’s record that repeat prescriptions could be supplied to the client • A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied • In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply <p>Note: – A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines. – For Prescribing POM-Vs, please see Under Care guidance changes: ‘Under care’ - new guidance - Professionals (rcvs.org.uk)</p>
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<p>Small Animal 10.1.28</p> <p>Equine 9.1.28</p>	<p>Core Standards</p>	<p>Standard</p> <p>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.</p> <p>Guidance notes</p> <p>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.</p> <p>Antimicrobials advice is available from the BVA: www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: www.rcvs.org.uk/bva-amr-plan</p> <p>The BSAVA also provides advice on the responsible use of antimicrobials: www.bsava.com/position-statement/responsible-use-of-antibacterials</p> <p>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: 'Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status:</p> <ol style="list-style-type: none"> 1. BSAVA Medicines Guide: Section on Antimicrobials – Protocol for responsible use of antimicrobials and anthelmintics. www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13 2. PROTECTME notes www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters 3. PROTECTME posters (general and rabbit) www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data 	<p>Standard</p> <p>A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>As regards prescribing antibiotics, antifungals, antiparasitics and antivirals, please see Under Care new guidance: ‘Under care’ - new guidance - Professionals (rcvs.org.uk)</p> <p>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.</p> <p>Antimicrobials advice is available from the BVA: www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: www.rcvs.org.uk/bva-amr-plan.</p> <p>The BSAVA also provides advice on the responsible use of antimicrobials: Responsible use of antibacterials (bsava.com).</p> <p>Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status:</p> <ol style="list-style-type: none"> 1. BSAVA Medicines Guide: Section on Antimicrobials – Protocol for responsible use of antimicrobials and anthelmintics. www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13 2. PROTECTME notes www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters 3. PROTECTME posters (general and rabbit) www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data
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Farm Animal 8.1.28	Core Standards	<p>Standard</p> <p>A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use</p> <p>Guidance notes</p> <p>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 Protocol for responsible use of antimicrobials and anthelmintics.</p> <p>A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is 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.</p> <p>Antimicrobials advice is available from the BVA: www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: www.rcvs.org.uk/bva-amr-plan</p> <p>The BSAVA also provides advice on the responsible use of antimicrobials: www.bsava.com/position-statement/responsible-use-of-antibacterials/</p> <p>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: 'Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status:</p>	<p>Standard</p> <p>A practice must be able to demonstrate that when using antimicrobials it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>When prescribing antibiotics, antifungals, antiparasitics and antivirals, please see Under Care new guidance: 'Under care' - new guidance - Professionals (rcvs.org.uk)</p> <p>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.</p> <p>Antimicrobials advice is available from the BVA: www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: www.rcvs.org.uk/bva-amr-plan</p> <p>Examples of what assessors might look at – policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members.</p>

		<p>1. BSAVA Medicines Guide: Section on Antimicrobials www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13</p> <p>2. PROTECTME notes www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters</p> <p>3. PROTECTME posters (general and rabbit) www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data</p> <p>4. Non-Prescription form (sample) www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data</p> <p>Examples of what assessors might look at – policy, medical records, poster, meetings where they created perioperative Farm Animal Module 8: Medicines Core Standards Page 97 of 216 antibiotic protocol. Assessors will also talk to practice team members.</p> <p>Farm Vet Champions – The free learning modules cover technical species-specific modules, vet-farmer communication skills and behaviour change principles, the legal use of veterinary medicines, policies, and One Health aspects of antibiotic prescribing and stewardship. www.rcvs.org.uk/setting-standards/practice-standards-scheme/pss-training-and-resources</p>	<p>Farm Vet Champions – The free learning modules cover technical species-specific modules, vet-farmer communication skills and behaviour change principles, the legal use of veterinary medicines, policies, and One Health aspects of antibiotic prescribing and stewardship. www.rcvs.org.uk/setting-standards/practice-standards-scheme/pss-training-and-resources</p>
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<p>Small Animal 10.1.30</p> <p>Equine 9.1.30</p>	<p>Core Standards</p>	<p>Standard</p> <p>A practice must be able to demonstrate that when using Endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>Endoparasiticides are linked to various environmental concerns such as the development of resistance.</p> <p>In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.</p> <p>Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members. Resources for companion animals: www.esccap.org/guidelines/</p>	<p>Standard</p> <p>A practice must be able to demonstrate that when using Endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>As regards prescribing Endoparasiticides, please see Under Care new guidance: ‘Under care’ - new guidance - Professionals (rcvs.org.uk)</p> <p>Endoparasiticides are linked to various environmental concerns such as the development of resistance.</p> <p>In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.</p> <p>Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members. Resources for companion animals: www.esccap.org/guidelines/</p>
<p>Small Animal 10.1.31</p> <p>Equine 9.1.31</p>	<p>Core Standards</p>	<p>Standard</p> <p>A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. A recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect).</p> <p>Resources for companion animals: www.esccap.org/guidelines/</p>	<p>Standard</p> <p>A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>As regards prescribing Endoparasiticides, please see Under Care new guidance: ‘Under care’ - new guidance - Professionals (rcvs.org.uk)</p> <p>Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. A recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect).</p> <p>Resources for companion animals: Homepage ESCCAP</p>

Farm Animal 8.1.31	Core Standards	<p>Standard</p> <p>A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>Endoparasiticides are linked to various environmental concerns such as the development of resistance.</p> <p>In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.</p> <p>Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members.</p> <p>Resources for companion animals: www.esccap.org/guidelines/</p>	<p>Standard</p> <p>As regards prescribing Endoparasiticides, please see Under Care new guidance: 'Under care' - new guidance - Professionals (rcvs.org.uk)</p> <p>Guidance notes</p> <p>Endoparasiticides are linked to various environmental concerns such as the development of resistance.</p> <p>In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.</p> <p>Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members.</p>
Farm Animal 8.1.32	Core Standards	<p>Standard</p> <p>A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. A recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect).</p> <p>Resources for companion animals: www.esccap.org/guidelines/</p>	<p>Standard</p> <p>A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>As regards prescribing Endoparasiticides, please see Under Care new guidance: 'Under care' - new guidance - Professionals (rcvs.org.uk)</p> <p>Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. A recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect).</p>

<p>New Requirement</p> <p>Small Animal 10.1.32</p> <p>Equine 9.1.32</p>	<p>Core Standards</p>	<p>*None currently</p>	<p>Standard</p> <p>For antibiotics, antifungals, antiparasitics and antivirals, a physical examination should be carried out at the time of prescribing unless there are exceptional circumstances.</p> <p>Guidance notes</p> <p>As per the Under Care guidance changes: 'Under care' - new guidance - Professionals (rcvs.org.uk)</p> <p>Veterinary surgeons should be prepared to justify their decision in cases where these medicines are prescribed without a physical examination, an explanation of the relevant exceptional circumstances should be set out in the clinical records.</p> <p>Where samples are obtained for the purpose of testing following a physical examination, it is acceptable for a veterinary surgeon to prescribe antibiotics, antifungals, antiparasitics and antivirals based on the results of those contemporaneous tests without the need for a further physical examination.</p>
<p>New Requirement</p> <p>Farm Animal 8.1.33</p>	<p>Core Standards</p>	<p>*None currently</p>	<p>Standard</p> <p>When prescribing antimicrobials, antifungals, antiparasitics and antivirals in production animals, the veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal prior to prescribing, or recently enough unless there are exceptional circumstances.</p> <p>Guidance notes</p> <p>As per the Under Care guidance changes: 'Under care' - new guidance - Professionals (rcvs.org.uk)</p> <p>Veterinary surgeons should be prepared to justify their decision in cases where these medicines are prescribed without a physical examination ever having taken place and/or where there has been not attendance at the premises, and an explanation of the relevant exceptional circumstances should be set out in the clinical records.</p> <p>When prescribing antibiotics, antifungals, antiparasitics or antivirals for production animals, farmed aquatic</p>

		<p>animals and game, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd, flock or group. Veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal prior to prescribing, or recently enough to ensure they have adequate current information and knowledge to prescribe responsibly and effectively, taking into account any available production data and diagnostic laboratory results. In exceptional cases where this is not possible, or in sectors such as large-scale commercial poultry and fish enterprises, and antimicrobials are prescribed without conducting a physical examination, veterinary surgeons should be prepared to justify their decision and to record this justification in the clinical notes. For the factors relevant to whether a physical examination is required, please see paragraph 4.14 of the RCVS' guidance, linked above.</p> <p>Where samples are obtained for the purpose of testing following a physical examination, it is acceptable for a veterinary surgeon to prescribe antibiotics, antifungals, antiparasitics and antivirals based on the results of those contemporaneous tests without the need for a further physical examination.</p>
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<p>New Requirement</p> <p>Small Animal 10.1.33</p> <p>Equine 9.1.33</p>	<p>Core Standards</p>	<p>*None currently</p>	<p>Standard</p> <p>When prescribing a controlled drug to an animal, veterinary surgeons should in the first instance carry out a physical examination in all but exceptional circumstances.</p> <p>Guidance notes</p> <p>The veterinary surgeon must be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a further prescription for that controlled drug without a physical examination, however veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively. Please read our further guidance on prescribing controlled drugs.</p> <p>For Controlled drugs, if a written prescription is needed or requested, the requirements as set out in the VMRs must be met. To be valid, a written prescription must include:</p> <ul style="list-style-type: none"> • the name, address and telephone number of the person prescribing the product; • the qualifications enabling the person to prescribe the product; • the name and address of the owner or keeper; • the identification (including the species) of the animal or group of animals to be treated; • the premises at which the animals are kept if this is different from the address of the owner or keeper; • the date of the prescription; • the signature or other authentication of the person prescribing the product; • the name and amount of the product prescribed; • the dosage and administration instructions; • any necessary warnings; • the withdrawal period if relevant; and • if it is prescribed under the cascade, a statement to that effect. <p>The following additional requirements apply to written prescriptions for CDs listed in Schedule 2 or 3:</p>
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		<ul style="list-style-type: none"> • A declaration that the CD is prescribed for an animal or herd under the veterinary surgeon's care. • The name of the animal to whom the CD prescribed is to be administered. • Name and form of the CD, even if only one form exists. • Amount of the CD prescribed, in both words and figures. • Strength of the preparation (if more than one strength is available). • Dose to be administered ('take as directed' or 'take as required' are not acceptable). • RCVS registration number of the prescribing veterinary surgeon. <p>Prescriptions must be signed in ink by the person issuing them and may be hand-written, typed in a computerised form, or computer generated.</p> <p>Electronic signatures, or any form of authentication other than a signature in indelible ink is not permitted for prescriptions of Schedules 2 and 3. The Post-dating of prescriptions for Schedules 2 and 3 CDs is only permitted in specific and exceptional circumstances (e.g., if there is to be a delay in the start of the 28-day period due to a bank holiday). It is a matter for the professional judgement of the prescribing veterinary surgeon as to whether it is appropriate to prescribe in this manner and they must consider the risk of diversion of the CD and responsibility will remain with them.</p> <p>Single prescriptions with multiple dispenses (i.e., repeat prescriptions) are not allowed for CDs in Schedules 2 and 3, however an instalment prescription can be used if required (see below). Repeat prescriptions for Schedule 4 and 5 CDs are permitted. The repeats must be dispensed within the period of validity of the prescription (28 days or six months).</p> <p>When the total quantity of the prescription is to be dispensed in instalments, the written prescription needs to state the dates (i.e., the intervals) for the instalments and the amount or quantity to be dispensed. The first instalment must be dispensed within the 28-day validity period. Further instalments do not need to be dispensed during the 28-day validity for Schedule 2, 3 and 4 CDs.</p>
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<p>New Requirement</p> <p>Farm Animal 8.1.34</p>	<p>Core Standards</p>	<p>*None currently</p>	<p>Standard</p> <p>When prescribing a controlled drug to an animal, veterinary surgeons should in the first instance carry out a physical examination in all but exceptional circumstances.</p> <p>Guidance notes</p> <p>The veterinary surgeon must be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a further prescription for that controlled drug without a physical examination, however veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively. Please read our further guidance on prescribing controlled drugs.</p>
<p>New Requirement</p> <p>Small Animal 10.1.34</p> <p>Equine 9.1.34</p>	<p>Core Standards</p>	<p>*None currently</p>	<p>Standard</p> <p>A veterinary surgeon who has an animal under their care must be able, on a 24/7 basis, to physically examine the animal.</p> <p>Guidance notes</p> <p>Where a veterinary surgeon is not able to provide this service themselves, another veterinary service provider may do so on their behalf. It is the veterinary surgeon's responsibility to make these arrangements and it is not sufficient for the client to be registered at another practice. This arrangement should be in line with paragraphs 3.4 -3.6 of Chapter 3: 24-hour emergency first-aid and pain relief, made in advance before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. Veterinary surgeons should provide clients with full details of this arrangement, including relevant telephone numbers, location details, when the service is available, and the nature of service provided.</p> <p>Where an animal is under the care of more than one veterinary surgeon, those veterinary surgeons should keep each other informed of any relevant clinical information.</p>

<p>New Requirement</p> <p>Farm Animal 8.1.35</p>	<p>Core Standards</p>	<p>*None currently</p>	<p>Standard</p> <p>Practices must be able, on a 24/7 basis, to attend the premises and physically examine one representative animal if required.</p> <p>Guidance notes</p> <p>Where a veterinary surgeon is not able to provide this service themselves, another veterinary service provider may do so on their behalf. It is the veterinary surgeon's responsibility to make these arrangements and it is not sufficient for the client to be registered at another practice. This arrangement should be in line with paragraphs 3.4 -3.6 of Chapter 3: 24-hour emergency first-aid and pain relief, made in advance before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. Veterinary surgeons should provide clients with full details of this arrangement, including relevant telephone numbers, location details, when the service is available and the nature of service provided.</p> <p>Where an animal is under the care of more than one veterinary surgeon, those veterinary surgeons should keep each other informed of any relevant clinical information.</p>
<p>New Requirement</p> <p>Small Animal 13.1.9</p> <p>Equine 12.1.9</p>	<p>Core Standards</p>	<p>*None currently</p>	<p>Standard</p> <p>Limited-service providers should provide, or provide access to, 24-hour emergency cover that is proportionate to the service they offer.</p> <p>Guidance notes</p> <p>Veterinary surgeons working for limited-service providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used. limited-service providers do not have to provide this service themselves and may engage another veterinary provider to do so on their behalf. Where another provider is engaged, the arrangement should be in line with paragraphs 3.4 -3.6 of the supporting guidance, made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.</p>

			For most practices, the current day time opening hours and OOH arrangements will suffice. Practices offering remote services which include, or might include, prescribing POM-Vs to animals outside of their usual client base, will need to demonstrate the ability to physically examine the animals in question.
New Requirement Farm Animal 11.1.8	Core Standards	*None currently	Standard Limited-service providers should provide, or provide access to, 24-hour emergency cover that is proportionate to the service they offer. Guidance notes Veterinary surgeons working for limited-service providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used. limited-service providers do not have to provide this service themselves and may engage another veterinary provider to do so on their behalf. Where another provider is engaged, the arrangement should be in line with paragraphs 3.4 -3.6 of the supporting guidance , made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. For most practices, the current day time opening hours and OOH arrangements will suffice. Practices offering remote services which include, or might include, prescribing POM-Vs to animals outside of their usual client base, will need to demonstrate the ability to attend the premises if required.

