

Table of Changes – October 2025

| Species Type/<br>Requirement<br>number | Current Standard and Guidance notes (SA v3.3,<br>EQ v3.4, FA v3.3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Change to Standard and/or Guidance notes (New versions SA<br>v3.4, FA v3.4, EQ v3.5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| SA 4.3.1                               | <p><b>Standard</b></p> <p>A dedicated dental radiography machine must be available and the practice must demonstrate that effective dental radiography is conducted regularly</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Standard</b></p> <p>A dedicated dental radiography machine must be available and the practice must demonstrate that effective dental radiography is conducted regularly</p> <p><b>Guidance note</b></p> <p>CT provision on site does not exclude the need for a dedicated dental radiography machine</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SA 16.1.17<br>EQ 15.1.17<br>FA 14.1.16 | <p><b>Standard</b></p> <p>The practice has carried out risk assessments in all areas of activity. Risk assessments are a legal requirement.</p> <p><b>Guidance note</b></p> <p>They should be recorded if five or more people are employed. Risk assessments must:</p> <ul style="list-style-type: none"> <li>- Identify the hazards</li> <li>- Decide who might be harmed and how</li> <li>- Evaluate the risks and decide on precautions</li> <li>- Record significant findings</li> <li>- Be reviewed and updated as necessary</li> </ul> <p>See the HSE guidance on risk management: <a href="https://www.rcvs.org.uk/hse-risk">https://www.rcvs.org.uk/hse-risk</a>. Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities. Third parties should be considered, for example members of the public, contractors etc. If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses.</p> | <p><b>Standard</b></p> <p>The practice has carried out risk assessments in all areas of activity. Risk assessments are a legal requirement.</p> <p><b>Guidance note</b></p> <p>They should be recorded if five or more people are employed. Risk assessments must:</p> <ul style="list-style-type: none"> <li>- Identify the hazards</li> <li>- Decide who might be harmed and how</li> <li>- Evaluate the risks and decide on precautions</li> <li>- Record significant findings</li> <li>- Be reviewed and updated as necessary</li> </ul> <p>See the HSE guidance on risk management: <a href="https://www.rcvs.org.uk/hse-risk">https://www.rcvs.org.uk/hse-risk</a>. Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities. Third parties should be considered, for example members of the public, contractors etc. If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses.</p> |

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| <b>SA 16.1.35</b><br><b>FA 14.1.34</b><br><b>EQ 15.1.35</b> | <p><b>Standard</b></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><b>Guidance note</b></p> <p>All applications for a firearms licence in respect of any firearms/tranquilizer and dart guns, for example are subject to standard police checks and an interview by a firearms enquiry officer (FEO) at their home and or practice address. Each application is assessed on a case-by-case basis. Individual veterinary surgeons must have been issued with the relevant firearms certificate. These should cover adequate storage arrangements and any other conditions attached to the licence. 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"> <li>- Where vehicles in which firearms are carried for professional use, are not fitted with immobilisers or alarms, then aftermarket systems should be fitted.</li> <li>- Firearms should always be stored in the locked boot or other secured, preferably unglazed, load carrying area of the vehicle.</li> <li>-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.</li> <li>- If a handgun, it should be kept in a locked container secured to the vehicle. Firearms certificates.</li> <li>- Provision should be made for the securing of other firearms to the vehicles structure, e.g. security case, cage, cable or clamp <a href="https://www.gov.uk/government/publications/firearmssecurity-handbook">https://www.gov.uk/government/publications/firearmssecurity-handbook</a></li> </ul> <p>Any other arms such as captive bolts, not caught by the legal definition of a firearm must have an SOP and risk assessment</p> | <p><b>Standard</b></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><b>Guidance note</b></p> <p>All applications for a firearms licence in respect of any firearms/tranquilizer and dart guns, for example are subject to standard police checks and an interview by a firearms enquiry officer (FEO) at their home and or practice address. Each application is assessed on a case-by-case basis. Individual veterinary surgeons must have been issued with the relevant firearms certificate. These should cover adequate storage arrangements and any other conditions attached to the licence. 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"> <li>- Where vehicles in which firearms are carried for professional use, are not fitted with immobilisers or alarms, then aftermarket systems should be fitted.</li> <li>- Firearms should always be stored in the locked boot or other secured, preferably unglazed, load carrying area of the vehicle.</li> <li>-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.</li> <li>- If a handgun, it should be kept in a locked container secured to the vehicle. Firearms certificates.</li> <li>- Provision should be made for the securing of other firearms to the vehicles structure, e.g. security case, cage, cable or clamp <a href="https://www.gov.uk/government/publications/firearmssecurity-handbook">https://www.gov.uk/government/publications/firearmssecurity-handbook</a></li> </ul> <p>Any other arms such as captive bolts, not caught by the legal definition of a firearm must have an SOP and risk assessment in place to highlight the safety measures in place, for staff, animals, safe storage, and transportation.</p> |

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|                                                                            | <p>in place to highlight the safety measures in place, for staff, animals, safe storage, and transportation.</p> <p>The Assessor may ask to see an SOP and risk assessment in the day of assessment</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>The Assessor may ask to see an SOP, risk assessment and suicide prevention plan on the day of assessment</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>SA 13.1.8</b></p> <p><b>FA 11.1.7</b></p> <p><b>EQ 12.1.8</b></p>    | <p><b>Standard</b></p> <p>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.</p> <p><b>Guidance note</b></p> <p>See Chapter 3 in the supporting guidance to the RCVS Code of Professional Conduct for further information:<br/> <a href="https://www.rcvs.org.uk/247care">https://www.rcvs.org.uk/247care</a>.</p>                                                                                                                                                                                                                                                                                             | <p><b>Standard</b></p> <p>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.</p> <p><b>Guidance note</b></p> <p>See Chapter 3 in the supporting guidance to the RCVS Code of Professional Conduct for further information:<br/> <a href="https://www.rcvs.org.uk/247care">https://www.rcvs.org.uk/247care</a>.</p> <p>Safety precautions include references within the suicide prevention plan.</p>                                                                                                                                                                                                                                     |
| <p><b>SA 16.1.12</b></p> <p><b>FA 14.1.11</b></p> <p><b>EQ 15.1.12</b></p> | <p><b>Standard</b></p> <p>The practice takes reasonable care to prevent issues surrounding mental health in the workplace from occurring, and to deal with them appropriately when they do.</p> <p><b>Guidance note</b></p> <p>Mental health is explicitly addressed within practice policies e.g. H&amp;S, Sickness and Absence etc.</p> <p>Information about mental health support is made available to all team members e.g. posters, intranet, employee handbook, flyers etc. Team members are encouraged to use their annual leave entitlements. Examples of measures to achieve this include (but are not limited to): limiting the amount of annual leave that can be carried over each year; procedures being in place to ensure that annual leave is fairly allocated, or an annual leave policy being in place.</p> | <p><b>Standard</b></p> <p>The practice takes reasonable care to prevent issues surrounding mental health in the workplace from occurring, and to deal with them appropriately when they do.</p> <p><b>Guidance note</b></p> <p>Mental health is explicitly addressed within practice policies e.g. H&amp;S, Sickness and Absence, suicide prevention plan etc.</p> <p>Information about mental health support is made available to all team members e.g. posters, intranet, employee handbook, flyers etc. Team members are encouraged to use their annual leave entitlements. Examples of measures to achieve this include (but are not limited to): limiting the amount of annual leave that can be carried over each year; procedures being in place to ensure that annual leave is fairly allocated, or an annual leave policy being in place.</p> |

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|                                                                                                       | <p>Team members and line managers should also show understanding of the importance of sufficient downtime from work and the impact of this on both staff wellbeing and standards of care.</p> <p>Team members can describe the measures in place to support them at work in the event of a mental health issue.</p> <p>Team members are also able to describe at least one step taken by their practice to avoid risk to mental health and reduce workplace stress (e.g. group reflective practice, Employee Assistance Programme, exercise class).</p> <p>Line managers can describe the practice's approach to managing mental health in the practice, and have an understanding of where to seek advice and guidance if necessary.</p> <p>The practice is compliant with the Equality Act and makes reasonable adjustments for individuals with a mental health condition. See the Government's guidance on the Equality Act: <a href="https://www.rcvs.org.uk/equality-act">https://www.rcvs.org.uk/equality-act</a>. Practice policies addressing mental health.</p> <p>The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these. Advice and guidance is available from:<br/>Mind (<a href="https://www.rcvs.org.uk/mind">https://www.rcvs.org.uk/mind</a>), ACAS (<a href="https://www.rcvs.org.uk/acas">https://www.rcvs.org.uk/acas</a>), NHS, vetlife (<a href="https://www.rcvs.org.uk/vetlife">https://www.rcvs.org.uk/vetlife</a>), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (<a href="https://www.rcvs.org.uk/mmi">https://www.rcvs.org.uk/mmi</a>)</p> | <p>Team members and line managers should also show understanding of the importance of sufficient downtime from work and the impact of this on both staff wellbeing and standards of care.</p> <p>Team members can describe the measures in place to support them at work in the event of a mental health issue.</p> <p>Team members are also able to describe at least one step taken by their practice to avoid risk to mental health and reduce workplace stress (e.g. group reflective practice, Employee Assistance Programme, exercise class).</p> <p>Line managers can describe the practice's approach to managing mental health in the practice, and have an understanding of where to seek advice and guidance if necessary.</p> <p>The practice is compliant with the Equality Act and makes reasonable adjustments for individuals with a mental health condition. See the Government's guidance on the Equality Act: <a href="https://www.rcvs.org.uk/equality-act">https://www.rcvs.org.uk/equality-act</a>. Practice policies addressing mental health.</p> <p>The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these. Advice and guidance is available from:<br/>Mind (<a href="https://www.rcvs.org.uk/mind">https://www.rcvs.org.uk/mind</a>), ACAS (<a href="https://www.rcvs.org.uk/acas">https://www.rcvs.org.uk/acas</a>), NHS, vetlife (<a href="https://www.rcvs.org.uk/vetlife">https://www.rcvs.org.uk/vetlife</a>), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (<a href="https://www.rcvs.org.uk/mmi">https://www.rcvs.org.uk/mmi</a>)</p> |
| <p><b>New standard</b></p> <p><b>SA 16.1.41</b></p> <p><b>EQ 15.1.41</b></p> <p><b>FA 14.1.41</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Standard</b></p> <p>The practice must implement a practice-specific suicide prevention plan covering all areas of potential risk.</p> <p><b>Guidance</b></p> <p>A 'suicide prevention plan' is a collection of measures which aim to protect staff and the wider public by reducing incidences of suicide.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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|  |  | <p>We understand that for suicide prevention plans to be effective, they need to address the specific risks present in individual practices whilst allowing the practice to deliver care appropriately. As such, each plan should be bespoke, and assessors will expect practices to be able to explain the underlying rationale.</p> <p>In order to develop a suicide prevention plan, practices should carry out a risk assessment covering all areas of potential risk, including:</p> <ul style="list-style-type: none"> <li>- drugs used or stored for the purposes of euthanasia or sedation</li> <li>- access to firearms and captive bolt</li> <li>- lone/late night working.</li> <li>- Following this risk assessment, measures should be implemented to address and/or mitigate each risk identified. These measures, together with the associated risks, should be recorded in a document. This document is the practice's suicide prevention plan. By way of example, suicide prevention plans <u>may</u> include measures such as: Protocols regarding euthanasia away from the practice</li> <li>- Protocols for safe storage of CDs and firearms when taken away from the practice</li> <li>- Mental health first aiders on site</li> <li>- Use of a 'going home' type poster in staff areas, e.g. <a href="#">Vetlife Going Home Check List (PDF download) - Vetlife</a></li> </ul> <p><b>Please note that whilst the above list may be useful for illustrative purposes, it is not exhaustive and we recognise that the measures listed may not be appropriate for some practice types/settings.</b></p> <p>Useful resources include:<br/> <a href="#">Home - Vetlife</a><br/> <a href="#">Looking after staff - Vetlife</a><br/> <a href="#">Working-together-to-prevent-suicide-in-the-NHS-workforce--a-national-suicide-prevention-toolkit-for-England.pdf</a><br/> <a href="#">Suicide prevention - HSE</a><br/> <a href="#">Creating a 'safety plan'   Samaritans</a></p> |
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| <p><b>SA 10.1.12</b></p> <p><b>EQ 9.1.12</b></p> <p><b>FA 8.1.12</b></p> | <p><b>Standard</b></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><b>Guidance notes</b></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. The secure container would</p> | <p><b>Standard</b></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><b>Guidance notes</b></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>When transporting Schedule 2 and 3 controlled drugs, veterinary surgeons should ensure that Schedule 2 and 3 controlled drugs in practice vehicles are kept in a locked receptacle which is fixed within the vehicle. If the vehicle cannot be modified in such a way, it may be reasonable to secure the receptacle to a structure in the vehicle, 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 vehicle. In any case, the receptacle should be kept out of sight. The secure container would ideally be fixed to the frame of</p> |
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| <p>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. 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: <a href="https://www.rcvs.org.uk/vmd-cds">https://www.rcvs.org.uk/vmd-cds</a></p> | <p>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 on duty, veterinary surgeons should avoid leaving the secure container unattended. However, where this is unavoidable, the vehicle and container should remain locked and the time unattended kept to a minimum. When off duty, controlled drugs should be returned to the controlled drugs cabinet at the practice for storage overnight wherever practicable. Where this is not practicable, controlled drugs may be stored in a 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, RCVS guidance on Controlled Drugs <a href="https://www.rcvs.org.uk/setting-standards/advice-and-guidance/controlled-drugs-guidance-a-to-z/">https://www.rcvs.org.uk/setting-standards/advice-and-guidance/controlled-drugs-guidance-a-to-z/</a></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. 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: <a href="https://www.rcvs.org.uk/vmd-cds">https://www.rcvs.org.uk/vmd-cds</a></p> |
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