

## Council Meeting

Thursday, 21 January 2021 at 10:00 am to be held remotely by Microsoft Teams

Agenda	Classification <sup>1</sup>	Rationale <sup>2</sup>
1. <b>President's introduction</b>	Oral report Unclassified	n/a
2. <b>Apologies for absence</b>	Oral report Unclassified	n/a
3. <b>Declaration of interests</b>	Oral report Unclassified	n/a
4. <b>Minutes</b>		
a. (Remote) Decisions taken by email and / or Boardpacks between 22 – 28 October 2020		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	<b>Confidential</b>	<b>1, 2, 3</b>
b. Minutes of the meeting held 5 November 2020		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	<b>Confidential/ Private</b>	<b>1, 2, 3, 4, 5</b>
c. (Remote) Decisions taken by email and / or Boardpacks between 3 November – 14 December 2020		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	<b>Confidential</b>	<b>1, 4, 5</b>
d. Classified appendix of the confidential meeting held 22 December 2020	<b>Confidential</b>	<b>1, 2, 3, 4</b>
5. <b>Matters arising</b>		
a. Obituaries	Oral report Unclassified	n/a
b. Council correspondence	Oral report Unclassified	n/a
c. CEO update	Unclassified	n/a
6. <b>Matters for decision by Council and for report (unclassified items)</b>		

a. Covid-19 Taskforce	Oral report Unclassified	n/a
b. Discretionary Fund	Oral report Unclassified	n/a
c. Education update	Oral report Unclassified	n/a
d. Practice Standards Scheme – updates	Unclassified	n/a
<b>7. Reports of standing committees – to note</b>		
a. Advancement of the Professions Committee	Unclassified	n/a
b. Audit and Risk Committee		
i. Meeting held 31 July 2020 - Unclassified minutes	Unclassified	n/a
ii. Meeting held 31 July 2020 - Classified appendix	<b>Confidential</b>	<b>2, 3</b>
iii. Meeting held 1 October 2020 – Unclassified minutes	Unclassified	n/a
iv. Meeting held 1 October 2020 – Classified appendix	<b>Confidential</b>	<b>2, 3, 4, 5</b>
v. (DRAFT) Meeting held 12 November 2020 – Unclassified minutes	<b>Confidential</b>	<b>1, 2, 3, 4, 5</b>
vi. (DRAFT) Meeting held 12 November 2020 – Classified appendix	<b>Confidential</b>	<b>1, 2, 3, 4, 5</b>
c. Education Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	<b>Confidential</b>	<b>1</b>
d. Finance and Resources Committee		
ii. Unclassified minutes	Unclassified	n/a
iii. Classified appendix	<b>Confidential</b>	<b>1, 2, 3, 4</b>
e. Registration Committee		
i. Unclassified minutes	Unclassified	n/a
f. Standards Committee		
i. Meeting held 9 November 2020 - Unclassified minutes	Unclassified	n/a
ii. Meeting held 9 November 2020 - Classified appendix	<b>Confidential</b>	<b>1, 2, 3</b>
iii. Meeting held 15 December 2020 – Unclassified minutes	Unclassified	n/a
iv. Meeting held 15 December 2020 – Classified appendix	<b>Confidential</b>	<b>1, 2, 3</b>

g. PIC/DC Liaison Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	<b>Confidential</b>	<b>4</b>
<b>8. Reports of statutory committees – to note</b>		
a. Preliminary Investigation Committee	Unclassified	n/a
b. RVN Preliminary Investigation Committee	Unclassified	n/a
c. Disciplinary Committee and RVN Disciplinary Committee	Unclassified	n/a
<b>9. Notices of motion</b>	Oral report Unclassified	n/a
<b>10. Questions</b>	Oral report Unclassified	n/a
<b>11. Any other College business (unclassified)</b>	Oral report Unclassified	n/a
<b>12. Risk Register, equality and diversity (unclassified)</b>	Oral report Unclassified	n/a
<b>13. Date of next meeting</b> Thursday, 18 March 2021 at 10:00 am (reconvening in the afternoon)	Oral report Unclassified	n/a
<b>14. Matters for decision by Council and for report (confidential items)</b>		
a. Certification	<b>Confidential</b> <b>To Follow TBC</b>	<b># TBC</b>
b. Estates Strategy - update	Oral report <b>Confidential</b>	<b>1, 2, 3</b>
c. Annual retention fee payment arrangements for veterinary surgeons 2021 – 2022	<b>Confidential</b>	<b>1</b>
d. Diploma of Fellowship – ratification	<b>Confidential</b>	<b>1</b>
e. VetGDP – updates to Code of Professional Conduct	<b>Confidential</b>	<b>1</b>
f. RCVS Council lay membership – term extension	<b>Confidential</b>	<b>1</b>
<b>15. Any other College business (confidential)</b>	Oral report <b>Confidential</b>	<b># TBC</b>
<b>16. Risk Register, equality and diversity (confidential)</b>	Oral report <b>Confidential</b>	<b># TBC</b>

Dawn Wiggins Secretary, RCVS Council 020 7202 0737 / <a href="mailto:d.wiggins@rcvs.org.uk">d.wiggins@rcvs.org.uk</a>		
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## **<sup>1</sup>Classifications explained**

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## **<sup>2</sup>Classification rationales**

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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Summary

Meeting	Council
Date	21 January 2021
Title	Minutes of the decisions made by Council by email between 22-28 October 2020.
Summary	Minutes of the remote decisions made 22-28 October 2020
Decisions required	To approve the unclassified minutes and classified appendix
Attachments	Classified appendix
Author	Dawn Wiggins Secretary, Council <a href="mailto:d.wiggins@rcvs.org.uk">d.wiggins@rcvs.org.uk</a> / 020 7202 0737

## Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Minutes	Unclassified	n/a
Classified appendix	<b>Confidential</b>	<b>1, 2, 3</b>

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## Council

### Minutes of the remote decisions made by email and Boardpacks 22-28 October 2020

#### Members:

Dr M O Greene (President in the Chair)	
Dr C J Allen	Mrs C-L McLaughlan
Mrs B S Andrews-Jones	Dr S Paterson
Professor D J Argyle	Mr M L Peaty
Miss L Belton	Mr M E Rendle
Professor D Bray	Dr K A Richards
Mr J M Castle	Dr C L Scudamore
Dr D S Chambers	Dr N C Smith
Dr N T Connell	Dr R S Stephenson
Professor S Dawson	Dr C W Tufnell
Dr M A Donald	Mr T J Walker
Dr J M Dyer	Professor J L N Wood
Ms L Ford	Ms J S M Worthington
Mr D J Leicester	

#### In addition:

Ms E Butler	Chair, Audit and Risk Committee
Ms E C Ferguson	Registrar
Ms L Lockett	CEO
Ms C McCann	Assistant Registrar / Director of Operations (DoO)
Miss C H Middlemiss	Chief Veterinary Officer (UK)

### Matter for decision by Council (unclassified)

#### Frequently-Asked Questions (FAQs) following introduction of Welsh Government Covid-19 'Firebreak' (22-27 October 2020)

1. The Registrar informed Council that as a result of Wales going into a 'firebreak' lockdown from the evening of Friday, 23 October 2020, some amendments had been made to the Covid-related FAQs, namely FAQ2 (flowchart) and FAQ4 (remote prescribing of Prescription-only Medicine – Veterinarian (POM-V) medicines without a physical examination) in order to support the profession. The guidance was deliberately not made country, or region, specific in order to remain as applicable as possible in ever-changing circumstances and to try and minimise any further changes for the profession. The Covid-19 Taskforce had reviewed the FAQs that were now before Council for comment.
2. Comments and questions included but were not limited to:

- this was a tricky area to try and cover all eventualities and the profession should be notified as soon as possible;
- grateful for the inclusion of the 24/7 care requirement; it was noticed that outbreaks of the virus in veterinary practices appeared to be introduced primarily from staff rather than clients and suggested that this was a potential area for study;
  - it was confirmed that in the College's most recent survey to the profession it was asked if those contacted as part of 'Test and Trace' could say if it was because of a work contact or not (it was not specified if work meant colleague or client):
    - 10% of respondents said yes, of those:
      - 13% said it was because of a contact via work;
      - 75% said it was not;
      - the rest did not know;
    - just three respondents said the individual contacted had ended up on quarantine following this contact:
      - for one, it was just the individual who went into quarantine;
      - for the other two, it was the individual and others who had been working with them;
    - see: <https://www.rcvs.org.uk/news-and-views/publications/rcvs-survey-4-on-the-economic-impact-of-covid-19-on-veterinary>
- it was questioned if the proposed changes would be easily adaptable for the Scottish five tier system?
  - the Scottish five tier framework was due to be published shortly but the College had tried to ensure that the new guidance would be applicable to any of the nations (not just Wales) going into lockdown again, and it would be kept under review;
- it was reassuring that both professionals and owners alike could continue to act in the best interests of animals safely, soundly, and in a timely fashion by following the updated guidance;
- the flowcharts read well and the information contained therein was concise and gave clarity;
- it would also be good to draw the professions' attention to the legalities of using over-the-counter human medicines such as paracetamol, which owners may already have at home – there had been a massive increase in vets simply recommending that owners give paracetamol to their dogs during the pandemic without recognising that, unless the drug was appropriately prescribed under the cascade system, they were, in fact, breaking the law;



- the College should check to see that the 'firebreak' really did last for 17 days and review the situation thereafter.
3. No vote was taken but the general consensus was agreement for the suggested changes to the FAQs and they would be amended on the RCVS website forthwith.
  4. Following the amended guidance published on Friday, 23 October 2020, further clarification had been received from the Welsh Chief Veterinary Officer's (CVO) office as to the type of work that could be carried out during the Welsh 'firebreak'. It had initially been reported that '*as much non-urgent veterinary work as possible should be postponed*', it had now been amended to '*non-urgent veterinary work in Wales must be deferred until after the firebreak lockdown (with the need to secure animal welfare and public health, as the main determinants of what is and is not urgent)*'. This meant that only urgent and essential veterinary work could be undertaken. As a result of this clarification, the fourth step in flowchart 2a had been removed ('Can you effectively support the case while maintaining social distancing for your team and the public?'). No further changes were required to the text of FAQ2a or the recent Covid guidance updates, and a note would be added to the College's website to explain the guidance changes. Guidance and flowchart relating to non-firebreak situations remained the same.

#### Matter for decision by Council (confidential item)

#### Estates Strategy (26-28 October 2020)

5. This information is available in the classified appendix at paragraphs 1 – 7.

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## Summary

Meeting	Council
Date	21 January 2021
Title	(5) November 2020 Council minutes
Summary	Minutes of the meeting held on Thursday, 5 November 2020
Decisions required	To approve the minutes and classified appendix
Attachments	Classified appendix
Authors	<p>Hannah Alderton Committee Liaison Officer <a href="mailto:h.alderon@rcvs.org.uk">h.alderon@rcvs.org.uk</a> / 020 7856 1033</p> <p>Dawn Wiggins Secretary, Council <a href="mailto:d.wiggins@rcvs.org.uk">d.wiggins@rcvs.org.uk</a> / 020 7202 0737</p>

## Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a
Classified appendix	<b>Confidential</b>	<b>1, 2, 3, 4, 5</b>

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## Council Meeting

Minutes of the meeting held remotely via Microsoft Teams on Thursday, 5 November 2020

### Members:

Dr M O Greene (President in the Chair)	
Dr C J Allen	Mrs C-L McLaughlan
Mrs B S Andrews-Jones	Dr S Paterson
Professor D J Argyle	Mr M L Peaty
Miss L Belton	Mr M E Rendle
Professor D Bray	Dr K A Richards
Mr J M Castle	Dr C L Scudamore
Dr D S Chambers	Dr N C Smith
Dr N T Connell	Dr R S Stephenson
Professor S Dawson*	Dr C W Tufnell
Dr M A Donald	Mr T J Walker
Dr J M Dyer	Professor J L N Wood
Ms L Ford	Ms J S M Worthington
Mr D J Leicester	

\*Absent

### In attendance:

Ms E C Ferguson	Registrar
Ms L Lockett	CEO
Ms C McCann	Assistant Registrar / Director of Operations (DoO)
Miss C H Middlemiss	(UK) Chief Veterinary Officer (CVO) (Observer)

### Guests:

Ms E Butler	Chair, Audit and Risk Committee (ARC)
Mr R Evans	Partner / Head of Risk and Assurance, Crowe UK LLP (AI 15 only)
Ms N Hashemi	Partner / National Head of Non-Profits, London, Crowe UK LLP (AI 15 only)
Mr J Loeb	<i>Veterinary Record</i> (open session only)
Ms S McNeill	Senior HR Adviser, University of Edinburgh (AI 12b only)
Mr J S Russell MRCVS	President, (BVA) (open session only)
Mr J Westgate	<i>Veterinary Times</i> (open session only)

## President's introduction

1. The President extended a warm welcome to guests and outlined the order of the meeting.

## Apologies for absence

2. Apologies for absence were received from:
  - Professor D J Argyle (attended AI 12b – University of Edinburgh discussion only)
  - Professor S Dawson
  - Dr N C Smith (for AI 15 – Risk workshop)

## Declarations of interest

3. There were no new declarations of interest.

## Minutes

### Minutes and classified appendix of the meeting held on 8 October 2020

4. Council had had the opportunity to comment on the minutes and classified appendix electronically.
5. A vote was taken to approve the minutes and classified appendix:

For:	23
Against:	0
Abstentions:	0
Did not vote:	2

(Ms Worthington registered an email vote as she experienced technical issues. This was included in the figures.)

6. The unclassified minutes and classified appendix were accepted as a true record of the meeting by a majority vote.

## Matters arising

### Obituaries

7. No written obituaries had been received. Council stood for a minute's silence to acknowledge and reflect upon all members who had passed away since the last meeting; the ongoing

difficulties resulting from the current pandemic; the recent terror attacks in Lyon and Vienna; and the forthcoming Armistice Day.

### Council correspondence

8. The President reported:

### RCVS elections 2021

9. A notice would shortly be going into *RCVS News*, and to the six members due to retire at the 2021 AGM. The deadline for nominations would be 5:00 pm on Sunday, 31 January 2021. Members were asked to remember that the College was currently closed until further notice so they would not be able to drop their forms in by hand.

10. Council was reminded that its members were not permitted to nominate anyone to stand for Council and that if retiring members intended to re-stand, then registered addresses should be used for the Nomination Form.

### CEO update

11. The CEO updated Council on the following items:

- Belgravia House had closed when London was placed in Tier 2 of the Covid-19 restrictions, so the transition had been easier when the government announced the second national 'lockdown'. The College had a duty to protect its staff and do its part in reducing the number of people on public transport. To support teams more mental health training had been offered as well as training for managers and their direct reports on effective ways to work at home;
- diversity and inclusion training for all staff had been undertaken;
- the consultation on the Legislation Working Party (LWP) recommendations had been launched the day before the meeting. It would be open to the profession and the public for a period of 12 weeks. A stakeholder meeting with representatives from various groups had taken place prior to the launch to explain the process and how organisations could answer questions from their members while they considered their responses. During the meeting the College had taken the opportunity to provide an update on the Under Care / Out of Hours consultation and to offer an update on issues relating to EU-exit;
- Disciplinary Committee Hearings were still taking place; some held virtually, and others were being organised to be held in person with appropriate social distancing restrictions in place. There was a balancing act of not putting people in danger but also not allowing the hearings to be delayed indefinitely, as it was clear this would affect the wellbeing of those involved, as well as creating a backlog;
- the College had liaised with the Refugee Council and agreed to provide financial support for refugees who wished to sit the Statutory Examination for Membership (SEM);
- Covid-19 guidance had been updated three times since the last meeting following the various government changes, and thanks were given to Council for its prompt responses;

- Dr Greene was thanked for her amazing work for Black History Month and for being an inspiring role model. The College had also jointly hosted, with the Veterinary Schools Council (VSC), a roundtable on how to support Black, Asian, and Minority Ethnic (BAME) students;
- to recognise World Mental Health Day the College, in conjunction with the British Equine Veterinary Association (BEVA), had produced a short video around the wellbeing of equine vets that had been well received;
- the College had published the results of its fourth survey into the impact of Covid-19 on the economics of veterinary practices and had intended to send out the fifth survey the following day; this, however, would be delayed for two to three weeks since the second lockdown had just commenced and it would be important to capture the impact of this.

12. There were no comments or questions, and the update was noted.

13. Council thanked staff for their work in difficult circumstances and was impressed with how quickly they had adapted to the new way of working.

## Matters for decision by Council and for report (unclassified items)

### Covid-19 Taskforce

14. Council was reminded that this item had no accompanying paper and was a standing item for decision as agreed at the October 2020 Council meeting. Council was asked to approve the continuance of the Covid-19 Taskforce:

For:	24
Against:	0
Abstentions:	0
Did not vote:	1

(Drs Allen and Smith registered email votes as they experienced technical issues. These were included in the figures.)

15. This was approved by a majority vote.

### Council Culture – draft action plan

16. The CEO introduced the paper that contained the draft action plan on Council Culture based on the discussions over the summer and at the previous two scheduled Council meetings. The purpose of the proposals was to clarify the role and purpose of Council, help build a collegiate culture, and to mitigate future risk, particularly around the sharing of confidential information. The action table included ownership and estimated timing.

17. Comments and questions included but were not limited to:

- Council had a responsibility to respect the confidentiality, as appropriate, of information distributed. Improved training regarding paper classification was in the draft action plan and it was suggested that this encompassed clarification on how information was submitted and assessed for inclusion in the Council bundle – the Chair of the committee / Council was the ‘bridge’ between staff and Council. There might need to be a ‘fast track’ option for swiftly developing situations;
- the paper was really helpful and covered a breadth of issues; was there a way that prospective Council members could access meeting recordings online so that they could see them in ‘action’ and fully understand the role?
- the ability to see other members during virtual meetings was important and a system other than Microsoft Teams, which only allowed nine people on screen, was recommended; this would encourage interaction and promote feelings of inclusion;
- it was suggested that decisions should be more consensus-based rather than always by a formal vote, particularly on things such as minutes, or policies where careful drafting was required, a some subtlety could be lost in a yes / no option. It was argued that both formal votes *and* consensus were important as there could be dominant speakers that could therefore make a consensus appear very different from reality; voting allowed people to have an equal say;
- informal meetings were missed, in particular Council social events that provided the opportunity to build relationships; the idea of social virtual spaces was supported;
- any external speakers involved in providing training should be engaging; and appraisals were quite common in trustee roles.

18. Council was thanked for the suggestions, and if there were any more after the meeting to send them to the CEO.

## Notices of Motion

19. There was one notice of motion received which would be addressed in the confidential session of the meeting.

## Questions

20. No questions had been received.



### Any other College business (unclassified)

21. There was no other College business.

### Risk Register, equality and diversity (unclassified)

22. There was nothing to add to the register from the open session of the meeting.

### Date of next meeting

23. The next scheduled meeting would be Thursday, 21 January 2021 commencing at 10:00 am (reconvening in the afternoon).

### Matters for decision by Council and for report (confidential)

#### Estates Strategy – update

24. This information is available in the classified appendix at paragraphs 1 to 8.

#### University of Edinburgh – discussion

25. This information is available in the classified appendix at paragraphs 9 to 18.

### Risk Workshop (confidential) (taken out of agenda order)

26. This information is available in the classified appendix at paragraphs 19 to 40.

### Any other College business (confidential) (taken out of agenda order)

27. This information is available in the classified appendix at paragraphs 41 to 43.

### Risk Register, equality and diversity (confidential) (taken out of agenda order)

28. This information is available in the classified appendix at paragraph 44.

Hannah Alderton  
Committee Liaison Officer  
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## Summary

Meeting	Council
Date	3 November – 14 December 2020
Title	Minutes of the decisions made by Council by email and / or on Boardpacks between 3 November and 14 December 2020.
Summary	Minutes of the remote decisions made 3 November – 14 December 2020
Decisions required	To approve the unclassified minutes and classified appendix
Attachments	Classified appendix
Author	Dawn Wiggins Secretary, Council <a href="mailto:d.wiggins@rcvs.org.uk">d.wiggins@rcvs.org.uk</a> / 020 7202 0737

## Classifications

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## Council

### Minutes of the remote decisions made by email and Boardpacks 3 November – 14 December 2020

#### Members:

Dr M O Greene (President in the Chair)	
Dr C J Allen	Mrs C-L McLaughlan
Mrs B S Andrews-Jones	Dr S Paterson
Professor D J Argyle <sup>^</sup>	Mr M L Peaty
Miss L Belton	Mr M E Rendle
Professor D Bray	Dr K A Richards
Mr J M Castle	Dr C L Scudamore
Dr D S Chambers	Dr N C Smith
Dr N T Connell	Dr R S Stephenson
Professor S Dawson	Dr C W Tufnell
Dr M A Donald	Mr T J Walker
Dr J M Dyer	Professor J L N Wood
Ms L Ford	Ms J S M Worthington
Mr D J Leicester	

<sup>^</sup>For first item only. Stepped down from RCVS Council 5 November 2020.

#### In addition:

Ms E Butler	Chair, Audit and Risk Committee
Ms E C Ferguson	Registrar
Ms L Lockett	CEO
Ms C McCann	Assistant Registrar / Director of Operations (DoO)
Miss C H Middlemiss	Chief Veterinary Officer (UK)

### Matters for decision by Council (unclassified)

#### Frequently-Asked Questions (FAQs) following government proposal for a second UK-wide lockdown commencing 5 November 2020

1. The President informed Council that further to the announcement from government that England would enter into a lockdown period from Thursday, 5 November to Wednesday, 2 December 2020 and that guidance re: FAQ2 and FAQ4 had been updated. It had been reviewed and approved by the Covid-19 Taskforce and confirmation was awaited from each of the four Chief Veterinary Officers (CVOs). Guidance had been tailored to each of the four nations in light of the varying restrictions, providing advice for vets dependent on the nation they were practising from. The

guidance had been drafted on the basis of what was currently available on the government website and clarification from the UK and Welsh CVOs.

2. Comments and questions included:

- it was stated that non-urgent care could take place in England if social distancing could be maintained, however, when reading FAQ2 and the flowchart it suggested that non-urgent care should *not* take place, and that FAQ2 could be open to misinterpretation;
  - o it was confirmed that in England (and Northern Ireland (NI), pending any advice to the contrary from NI CVO) non-urgent treatment could be undertaken providing it could be done with social distancing and safely, per the fourth question box of the flow chart. If social distancing was not possible, treatment for non-urgent work should be delayed, or proceed with treatment if it was going to become urgent during the period of national restrictions. The flowchart and text comprised the entirety of the FAQ and were designed to be read together;
- clarification was sought between the latest British Equine Veterinary Association (BEVA) guidance (issued 2 November 2020) for equine practice that had the Welsh CVO's approval and the subsequent request to RCVS – was the 'support of equestrian business and trade' OK in Wales as it did not fit with the College's flowchart?
- the Veterinary Medicine Regulations (VMRs) 2013 applied UK-wide and RCVS was the UK-wide regulator. The VMR require that an animal under your care before prescribing a Prescription-Only Medicine – Veterinarian (POM-V); what under care meant was defined by Chapter 4 of RCVS Supporting Guidance for the Code of Professional Conduct) with the requirement for a physical examination temporarily suspended to allow remote prescribing during Covid special measures.

Why were there two additional levels in the Scottish flowchart and FAQ2 re: Scotland: 1) whether you already had the animal under your care (as explained in Chapter 4, paras 4.9-4.11) or, if not 2) whether it was possible to carry out a physical examination to bring the animal under your care?

- o due to the different restrictions that were in place across the four nations, the College now had to produce nation-specific guidance. Remote prescribing without a physical examination was brought in during the original lockdown to maintain animal health and welfare whilst reducing risk for vet teams / clients, and while people were being encouraged to work from home where possible and avoid unnecessary journeys.

As the pandemic eased, this derogation was tightened to state that vets should first try to bring the animal under their care before considering remote prescribing. This was approved by Council in October for regions under tiered restrictions (e.g. England last week) and remained the situation in Scotland.

Elsewhere in the UK, as the pandemic worsened and work / travel restrictions were tightening again, the derogation was being relaxed again to allow remote handling prescribing without first having the animal under your care or trying to conduct a physical examination. This was agreed by Council in October for regions under tougher lockdown restrictions, initially Wales, but now also England and NI;

- the documents represented a huge amount of effective work; thank you to all those who had worked to produce them. With regards to the wording in the FAQ 2 document, it was unclear where it came from: '*Veterinary professionals should exercise their clinical judgement as to what constitutes essential animal health and welfare*'; this unqualified wording was not in the flow diagrams for England and not clear where in government guidance it had been derived from.

3. The total number of responses from Council were:

Yes:	24
No:	0
Abstain:	0
Did not respond:	1
Response but no clear decision:	1

4. The guidance on FAQ2 and FAQ4 and the four nations' flowcharts were approved by a majority.

**Frequently-Asked Questions (FAQs) following Welsh 'firebreak' restrictions coming to an end at midnight Sunday, 8 November 2020**

5. Council was informed that the 'firebreak' restrictions in Wales were due to end at midnight on Sunday, 8 November 2020 and the College needed to have updated guidance in place for practices in Wales by that time.
6. The Covid-19 Taskforce had approved the proposed changes and the Registrar requested that if any Council member had an objection to that decision to respond by the deadline highlighted. Unfortunately, there was not enough time to allow a full two-day period for responses (per the Taskforce terms re: amendments to its minutes agreed by Council at its meeting on 8 October 2020).
7. This related to the guidance Council had approved just this last week (currently at: FAQ2 / flowchart and FAQ4 / remote prescribing), and reflected the College's understanding that, from Monday, 9 November 2020 government restrictions in Wales would closely resemble those in Scotland.
8. The Office of the Welsh CVO had confirmed that:

*'After [Sunday], vet practices can return to usual operation, with the now standard measures to try to prevent transmission of coronavirus between people as much as possible – physical distancing, hand-washing, wearing face coverings indoors.'*

9. Therefore, the flowchart and remote prescribing guidance for Wales from 9 November would equate to what Taskforce and Council had already approved for Scotland. It was emphasised that the documentation before Council was the only country-specific part of the guidance – all the rest remained the same.
10. Comments and questions included:
  - it was frustrating that the necessary and urgent decisions had to come to Council and it was hoped that decision could be re-visited given that it was likely there would be a prolonged period of changing restrictions;
  - thank you for the hard work that was taking place to keep up with such an evolving set of circumstances.
11. No objections were raised, and the guidance was therefore put into place ready for the end of the Welsh restrictions.

**Frequently-Asked Questions (FAQs) following the second UK-wide lockdown restrictions coming to an end at midnight Tuesday, 1 December 2020**

12. It was proposed that when England came out of lockdown and re-entered three-tier restrictions, that the College should revert to the previously agreed advice in place for England prior to the four-week lockdown period (when England was in Tier three).
13. It was confirmed that the guidance would reintroduce tighter restrictions around remote prescribing, with the requirement to first consider whether the animal could be brought under care, with the provision for 24/7 follow up.
14. Formal approval was awaited from the UK CVO, however, due to tight timelines and that advice would revert to what was prior agreed, the intention would be to go ahead unless any objections were raised by the highlighted deadline.
15. No objections were raised, and the previously agreed guidance was put into place ready for the end of the UK-wide lockdown restrictions.

**Temporary variation of Election Scheme Rules, 4 – 7 December 2020**

16. Following agreement at the Covid-19 Taskforce meeting held on 3 December 2020, Council considered a paper outlining proposed temporary arrangements to the Election Scheme Rules for the forthcoming RCVS Council (and VN Council) election and was asked to decide on whether the RCVS should seek approval from the Privy Council for the following temporary changes to the Scheme for the forthcoming RCVS elections:
  - that the requirement for nominations to be posted or delivered by hand to the RCVS may be suspended and that instead nominations will be accepted by email (as before to the Returning Officer);
  - confirmation that electronic signatures of candidates and those nominating them may be accepted;

- the requirement to post out voting papers and material to all electors and for the ability of electors to cast votes by post should be suspended.

17. It was noted that this would be a temporary measure as any permanent changes required changes to the legislation and emphasised that those members without a personal email address, or those that 'shared' an email with others, would be contacted by the Registration team who would encourage members to supply a unique email address for voting purposes.

18. There were contrasting views:

- it was a shame the changes were only temporary; to
- concern that the proposals disenfranchised those that had chosen not to adopt technology as it effectively forced their hand if they wanted to have their vote counted, and the College was urged to look at the age profile of those affected to ensure it was not being ageist.

19. A vote was taken:

Yes:	22
No:	1
Abstain:	0
Did not vote:	2

20. The temporary changes were approved by a majority; the Registrar would contact the Privy Council accordingly.

#### **Frequently-Asked Questions (FAQs) following Northern Ireland (NI) 'firebreak' restrictions coming to an end at midnight Thursday, 10 December 2020**

21. Council was informed that the 'firebreak' restrictions in NI were due to end at midnight on Thursday, 10 December 2020 and it would re-enter national restrictions thereafter. It was proposed to revert to the previously approved advice in place prior to this 'firebreak'; and would reintroduce tighter restrictions around remote prescribing, with the requirement to first consider whether the animal could be brought under care with the provision for 24/7 follow up.
22. The Department of Agriculture, Environment and Rural Affairs (DAERA) had confirmed it was happy with the approach, and the RCVS Covid-19 Taskforce had also approved the proposed changes.
23. Council was asked to respond by the highlighted deadline if there were any objections – unfortunately, once more, there was not enough time to allow a full two-day period for responses.
24. No objections were raised, and the previously agreed guidance was put into place ready for the end of the NI restrictions.



### Proposal for sign-off process for future changes, 10 – 14 December 2020

25. As evidenced by the NI 'firebreak', it was noted that the four nations of the UK continued to go in and out of different lockdown restrictions on a regular, short-notice, basis. The College now had versions of its flowchart and FAQs for each nation that covered most eventualities and was able to switch between them as appropriate.
26. Under the current process agreed by Council at its meeting on 8 October 2020, any such changes needed to go via the Covid-19 Taskforce and then to Council for agreement. There was often limited notice of the changes that meant it could be difficult to get guidance to the professions in time and the College was often criticised for being late with notifications, in spite of working as fast as possible.
27. In order to get guidance to the professions more quickly, Council was asked to agree, providing the College was reverting to previously signed-off guidance, that it did not need to go via Council. Any new flowcharts or guidance would still go through the usual process.
28. The total number of responses from Council were:
- |                  |    |
|------------------|----|
| Yes:             | 20 |
| No:              | 0  |
| Abstain:         | 0  |
| Did not respond: | 5  |
29. The proposal for the sign-off process for future changes was agreed by a majority.

### Matter for decision by Council (confidential item)

#### Approval of Conduct Panel, 11 November 2020

30. This information is available in the classified appendix at paragraphs 1 – 3.

Dawn Wiggins  
Secretary, Council  
020 7202 0737 / [d.wiggins@rcvs.org.uk](mailto:d.wiggins@rcvs.org.uk)

Summary	
Meeting	RCVS Council
Date	21 January 2021
Title	CEO update, including progress against Strategic Plan
Summary	This paper offers a summary of activity against the 2020-2024 Strategic Plan
Decisions required	To note
Attachments	None
Author	Lizzie Lockett CEO l.lockett@rcvs.org.uk

Classifications		
Document	Classification	Rationales
Paper	Unclassified	n/a

## Background

1. The RCVS Strategic Plan 2020-2024 was approved at the RCVS Council meeting in January 2020 and came into immediate effect. The full report, including all of the narrative, together with case studies from the previous plan's successes, can be found here:  
<https://www.rcvs.org.uk/news-and-views/publications/rcvs-strategic-plan-2020-2024/>
2. For each action, progress to date, responsibilities and next steps have been identified in the following table. It is to be noted that this is a five-year plan, so in some areas activity remains to be started. At its meeting in July, the Officer Team felt it appropriate that an update be given to Council three times a year – in September, January and June – but information about a specific action can be made available to any Council member on request in between times.
3. Outside of the Strategic Plan, the following items are for note since the November Council meeting:
  - a. We launched a campaign to recruit mentors for the new VetGDP and have held a series of online meetings with veterinary students
  - b. We launched new online mental health awareness courses under the Mind Matters Initiative (MMI)
  - c. We published the fifth survey on the impact of Coronavirus on veterinary practices
  - d. We released new guidance on delegating veterinary work to musculoskeletal therapists
  - e. We formed new working parties on vet techs and sustainability
  - f. We held online guidance sessions for those recording CPD on our 1CPD platform
  - g. We launched a survey, jointly with the Veterinary Schools Council, to look at the impact of Covid-19 on recent graduates
  - h. We reaffirmed mutual recognition of veterinary degrees with the Veterinary Council of Ireland post-transition period
  - i. We sought volunteers for an MMI-funded research project with King's College London on the impact of moral injury on the veterinary team
  - j. We made our annual President's Christmas donation to a cat-rehoming and an educational charity
  - k. We opened the nomination period for 2021 Councils elections
  - l. Appointed a new Director of Advancement of the Professions (DAP), Angharad Belcher
4. Meanwhile, the Covid-19 Taskforce continues to meet on a regular basis and the minutes from the meetings are now forwarded to Council with, since October 2020, Council having a two-day period during which to object to any Taskforce decisions.

## A: Clarity

**Ambition:** to ensure that we have clarity of purpose and that our internal and external stakeholders and service-users understand our role in the world. We will endeavour to become a proactive regulator that remains a step ahead, even in the face of constant change and uncertainty. We will listen widely, consult meaningfully, make confident decisions, then communicate with clarity, appreciating that the final outcome may not suit everyone.

Action (numbering as per full plan)	Who?	Status	Next step/due date
1. Continue, via the work of the Veterinary Legislation Working Party (LWP) and other groups, to review the regulatory landscape to ensure we develop world-leading, robust standards and approaches that are grounded in evidence and risk-based, in order to safeguard animal health and welfare, and public health, and maintain trust in the veterinary professions.	LWP/ Council	<ul style="list-style-type: none"> <li>LWP reported to Council in June 2020; Council agreed to consult on proposals, consultation opened 5 November 2020</li> <li>Accreditation Working Party has reported and aims to publish review of evidence that informed the new risk-based, outcomes-focused approach in 2021</li> </ul>	<ul style="list-style-type: none"> <li>LWP consultation period extended to 23 April 2021 due to impact of Covid</li> <li>Following introduction of new VN accreditation standards in January 2020, we are completing a small-scale review to ensure they are outcomes-focused and to remove any duplication</li> </ul>
2. Ensure that we are addressing what matters to our stakeholders and that we horizon-scan for issues that are beyond the scope of our immediate view. For example, regulation of new technologies, regulation of practices, review of our concerns and disciplinary process, and regulation of the wider veterinary team and the environment in which they work.	APC/ LWP/ PICDCL	<ul style="list-style-type: none"> <li>Ongoing work with ViVet</li> <li>Regulation of practices falls part of A1 above</li> <li>Review of concerns/disciplinary processes consultation alongside LWP – see A1 above</li> <li>A lot of focus on ‘what matters to our stakeholders’ has been carried out during pandemic work</li> <li>Stakeholder event took place online on 23 October 2020 to discuss current consultations and impact of Brexit</li> </ul>	<ul style="list-style-type: none"> <li>Review of ViVet project will take place now new DAP in post</li> <li>Regulation of wider vet team ongoing with launch of new working group on vet techs</li> <li>Horizon-scanning process to take place for Vet Futures #2 and VN Futures #2– inc impact of Covid-19</li> </ul>
3. Review whether we can take a more proactive role around breaches of the Veterinary Surgeons Act involving unqualified individuals, or courses that purport to lead to registration but do not, both through education to end-users of veterinary services, and working more actively to support those wishing to raise concerns with the relevant authorities.		<ul style="list-style-type: none"> <li>Some work on this had started pre-Covid and will be revisited once resources allow</li> </ul>	<ul style="list-style-type: none"> <li>Review resources post-LWP consultation decisions/Under care/out of hours (UCOOH) review</li> </ul>

Action (numbering as per full plan)	Who?	Status	Next step/due date
4. Work with our partners overseas to ensure that the UK remains relevant in the veterinary world post-EU exit, including sharing knowledge, marketing our standards and services, and building an engaged diaspora of members of the Royal College of Veterinary Surgeons (MsRCVS) and registered veterinary nurses (RVNs). Ensure there is a global element to all that we do, and that our international members feel engaged and included.	APC/ FVE/ Brexit T/F	<ul style="list-style-type: none"> <li>• Attending Future Veterinary Capability and Capacity Project</li> <li>• Ongoing work via Advancement of the Professions Committee to consider global offering</li> <li>• Building relationships via MMI International, with first international roundtable on mental health planned</li> <li>• Continuing to play a role in the International Veterinary Regulators Network and involved with planning committee for June 2021 event</li> <li>• Continuing to play a role in the Global Veterinary Innovation Network</li> <li>• Meeting of Brexit Taskforce took place in December 2020</li> <li>• Continuing to work with International Accreditation Working Party to harmonise standards – currently considering protocols for virtual accreditations</li> </ul>	<ul style="list-style-type: none"> <li>• Develop actions from o/s member research</li> <li>• Work ongoing to develop more permanent solution to loss of mutual recognition of professional qualifications</li> <li>• Run third EU graduates survey ref impact of Brexit</li> <li>• Continue to play strong role at the Federation of Veterinarians of Europe (FVE) – reschedule London GA for summer 2021 depending on Covid situation</li> </ul>
5. Build a closer relationship between the College, the professions and the public by continuing our outreach programme. Review how we gain input from stakeholders at all levels, including the development of an improved process for seeking input from members of the public.	APC/ Comms	<ul style="list-style-type: none"> <li>• Stakeholder research published January 2020</li> <li>• Feedback from practices sought as part of regular Covid-19 surveys</li> <li>• Much of our face-to-face public outreach on hold due to Covid</li> <li>• Stakeholder event held in October 2020</li> <li>• Establishing new role in Communications team to support student and new graduate engagement with the College</li> <li>• New role of Head of Insight and Engagement established to support this work and also A6 below</li> </ul>	<ul style="list-style-type: none"> <li>• Review all recent research for insight and actions</li> <li>• Set up animal owner engagement group</li> </ul>

Action (numbering as per full plan)	Who?	Status	Next step/due date
6. Establish clarity around a data-sharing commitment, and ensure that our views, our data & our insights are shared regularly in an easy-to-search way, for example, easy-to-find FAQ on key issues, insights gained from concerns & complaints data, and self-service facts and figures about the professions. Make available accessible & anonymised versions of the data we hold to all stakeholders to enable them to generate value and insights for the sector.	FRC/ Digital/ Policy	<ul style="list-style-type: none"> <li>• Prototype of sharing mechanism for core data ready for review</li> <li>• FAQ on Covid have been well received, along with those for CPD, LWP, Practice Standards and VetGDP</li> <li>• Paper on data-sharing went to November 2020 meeting of Finance and Resources Committee (FRC) – policy needs further refining</li> <li>• New role of Head of Insight and Engagement established to support this work</li> <li>• New Research Officer hired to support this work and a broad range of other research across the organisation</li> </ul>	<ul style="list-style-type: none"> <li>• Refine and agree data-sharing policy and return to FRC</li> <li>• Review data-sharing prototype and launch</li> <li>• Develop dashboard on key metrics</li> <li>• Develop approach for mining concerns and complaints data for content for Academy</li> </ul>
7. Plan and implement a cycle of review and improvement for our educational standards and processes, to ensure we continue to take a leadership role with our international partners.	Ed Cttee	<ul style="list-style-type: none"> <li>• Launched Day One Competences 2/7/20</li> <li>• VN Standards reviewed and published</li> <li>• WG looking at Accreditation Standards</li> <li>• AP and CertAVP surveys completed</li> <li>• Hosted virtual International Accreditors Working Group (IAWG) in June 2020 –</li> <li>• The VN Qualifications Team is in regular contact with HEIs and Colleges to provide support and understand Covid-related challenges and changes to provision</li> <li>• Education Team in regular contact with Veterinary Schools Council to mitigate impact of Covid on veterinary undergraduate education</li> </ul>	<ul style="list-style-type: none"> <li>• AP and CertAVP survey reports coming to Education Committee and planning focus groups to inform next steps</li> <li>• Publish findings of Accreditation WG</li> <li>• Take forward work of IAWG - hoping to host in-person event in June 2021</li> <li>• Visitation team – training and structure to be reviewed – recommendations from Education Committee to come to Council in March 2021, together with methodology behind new standards</li> </ul>
8. Ensure clarity of appeal across all the areas where we make decisions, modernising where appropriate; where appeal is not available, clearly justify why not.	Legal services	<ul style="list-style-type: none"> <li>• Fellowship Board has reviewed Fellowship appeals process and some changes will be made</li> </ul>	<ul style="list-style-type: none"> <li>• Audit current processes; review best practice</li> </ul>

## B: Compassion

**Ambition:** to be a compassionate upstream regulator and a supportive Royal College by ensuring that high standards continue to be met while working in an empathetic way that respects all of our stakeholders and service-users as individuals. We will recognise that a compassionate approach involves helping members of the veterinary team build the skills and knowledge they need to meet our standards, which is ultimately in the interests of animal health and welfare.

Action (numbering as per full plan)	Who?	Status	Next step/due date
1. Endeavour to ensure that the College is seen as approachable, helpful, fair and accessible to all.	All	<ul style="list-style-type: none"> <li>New Head of Insight and Engagement will help ensure consistency across the organisation in terms of how we communicate with members of the professions and the public</li> <li>All RCVS websites were compliant with key requirements of new Accessibility Regulations by September 2020 deadline</li> </ul>	<ul style="list-style-type: none"> <li>Review data/identify training priorities</li> <li>Review public- and profession-facing documentation for 'Plain English'</li> <li>Publish regular data on meeting our KPIs</li> <li>Develop online version of Regional Question Times to take questions from members</li> <li>Tie-in with stakeholder mapping (A5, above)</li> <li>Review of key web content underway, including conversion of all PDF documents to web pages where possible to ensure improved accessibility</li> <li>Taking forward work of DIG to review all our process to ensure they are fair and do not discriminate, eg work underway with Fellowship regarding application process</li> </ul>
2. Enable our teams to deliver compassionate regulation by providing structures, training and support to ensure they can help vets and nurses meet the standards required in a compassionate way, and take ownership and communicate clearly when things don't go to plan. Recognising that, in order to achieve this, our team members must also feel well supported and that they are compassionately treated.		<ul style="list-style-type: none"> <li>Data from Survey of Professions</li> <li>Peakon staff engagement tool gives 'real time' view on how staff are feeling</li> <li>Launched e-cards to celebrate staff members who meet our values</li> <li>Created 'Opportunities Group' of mid-career staff to help understand where support may be needed, particularly for new managers</li> <li>Have rolled out Diversity &amp; Inclusion training for all staff</li> <li>MH for Managers training taken place</li> <li>Support sessions ref virtual working for staff have taken place</li> </ul>	<ul style="list-style-type: none"> <li>Launch buddying system for those going through complaints process, with background from Open Minds report</li> <li>Review data and identify priorities for staff training and review of materials</li> <li>Review discussions data from Peakon and other staff meetings for training gaps</li> <li>Encourage and support managers in acting on findings/comments from Peakon tool</li> <li>Supervision / support for those taking stressful calls – meeting early January</li> <li>Virtual staff away day postponed from 2020 and will take place in spring 2021</li> <li>Resilience training for staff to take place</li> </ul>

Action (numbering as per full plan)	Who?	Status	Next step/due date
3. Review our concerns process through the eyes of each of our stakeholder and service-user groups to ensure that it is fair, forward-thinking and compassionate, and set out a programme of quality improvement.	ProfCon MMI	<ul style="list-style-type: none"> <li>Nearly ready to launch buddying scheme for those going through ProfCon process with external provider – have been some delays due to resourcing</li> </ul>	<ul style="list-style-type: none"> <li>Set up client group – see A5 above</li> <li>Package of modernising proposals is due for consultation – see A2 above</li> <li>Review how we gather data, moving to a 'live' feedback model – consult with consumer organisations</li> </ul>
4. Help our regulated professionals to meet the standards expected of them by their peers, the public and society at large by launching the RCVS Academy, which will house a range of online educational tools to help veterinary surgeons, veterinary nurses and other potential associates of the College understand what is expected of them in terms of meeting standards, and to support them acquiring relevant knowledge and staying up to date in a creative, accessible and inspiring way.	TBC	<ul style="list-style-type: none"> <li>Idea well supported, with many groups asking for content - key will be getting the right structure in place and prioritising</li> <li>Ideas for content have been listed</li> <li>VetGDP Advisor Training under development, will be hosted on Academy when that is ready (temporarily via RCVS Knowledge Moodle platform)</li> </ul>	<ul style="list-style-type: none"> <li>This is a huge piece of work and needs planning in terms of delivery structure</li> <li>Team to support needs to be developed, will include: <ul style="list-style-type: none"> <li>IT/digital framework</li> <li>Overall project management</li> <li>Content leads</li> <li>Learning specialists</li> <li>Communications input</li> <li>User groups for trial and feedback</li> <li>Users for ongoing moderation and review</li> </ul> </li> <li>Develop initial list of modules</li> <li>How to link to 1 CPD?</li> <li>Developing a parallel (linked?) approach for staff training and development</li> <li>Resourcing for this needs to be considered, it has been pushed back due to Covid and Brexit priorities</li> </ul>
5. Continue to support the mental health and wellbeing of members of the veterinary team, and our College staff, through the Mind Matters Initiative under its workstreams of 'prevent, protect and support' (see <a href="http://www.vetmindmatters.org">www.vetmindmatters.org</a> ), and also help veterinary professionals to take account of the mental health of those with whom they come into contact.	MMI/ APC	<ul style="list-style-type: none"> <li>MMI has been adapting to the Covid world with online tools and Covid-specific advice and guidance</li> <li>See <a href="http://vetmindmatters.org">vetmindmatters.org</a> for specific activities under Mind Matters of which there has been many</li> </ul>	<ul style="list-style-type: none"> <li>Continue to provide support during pandemic – we asked specific question during Covid survey number five and are developing interventions to respond</li> <li>Link up with Diversity and Inclusion agenda both internally and externally</li> <li>Student VN mental health support roundtable planned for early 2021</li> </ul>



Action (numbering as per full plan)	Who?	Status	Next step/due date
6. Continue to foster a reflective learning culture amongst members of the veterinary team, so that they can continue to grow and develop in a supportive, no-blame environment.	APC Ed Cttee	<ul style="list-style-type: none"> <li>• Launch of 1CPD app in January 2020 (with further updates) to enable reflective learning – recent webinars (winter 2020-1) to support this</li> <li>• Support of RCVSK QI work ongoing, including podcasts etc</li> <li>• Addressed via Edward Jenner Leadership MOOC modules</li> <li>• The new VetGDP will help promote and develop a learning culture for new graduates, implemented via the VetGDP advisers and evaluated via our QA process – campaign to recruit advisers launched in November 2020 and currently 800 registrations; virtual meetings ongoing with students</li> <li>• Communications campaign regarding reflective approach ongoing, running from launch of 1CPD to direct email communications campaigns, including suite of videos, social media campaigns and media coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Develop speaker opportunities on learning culture – eg World Small Animal Veterinary Association (delayed to 2020)</li> <li>• Continue to deliver communications campaign and support members of the profession in completing 1CPD</li> </ul>

## C: Courage

**Ambition:** we will have the courage to take a leadership role within the professions, to ensure that the pervading culture is healthy, sustainable, inclusive, innovative and respectful; through this, will develop confident veterinary professionals.

Action (numbering as per full plan)	Who?	Status	Next step/due date
1. Continue to seek culture change within the wider professions around help-seeking behaviour to support both mental and physical health, learning culture, leadership, innovation, sustainability and diversity.	DIG MMI APC	<ul style="list-style-type: none"> <li>DIG finalising strategic plan</li> <li>See B5 for MMI progress</li> <li>See B6 for learning culture</li> <li>Leadership – strategic plan in place but requires review</li> <li>Innovation – strategic plan in place but requires review</li> </ul>	<ul style="list-style-type: none"> <li>New DAP in post so work in all of these areas will be reviewed</li> <li>Working Group on Sustainability, under chair of Sue Paterson, first meeting 11/1/21</li> <li>Continue development of Edward Jenner – meeting set January</li> <li>Develop Innovation Challenge Prize to aid post-Covid / post-Brexit recovery?</li> </ul>
2. Celebrate the art as well as the science of veterinary medicine and ensure that wider professional skills are properly and credibly supported.	APC/ RCVSK	<ul style="list-style-type: none"> <li>Non-clinical skills have been highlighted as part of the Graduate Outcomes review and now reflected in Day One Competences</li> <li>The benefits of an 'all-round' approach to work/life have been focused on via MMI</li> </ul>	<ul style="list-style-type: none"> <li>Focus on non-clinical skills of general practice (ie human factors) – initial APC-led project needs review in light of Covid</li> <li>Develop materials for Academy</li> <li>Honours and Awards currently open for nomination, including two new awards: the RCVS Compassion Award, the RCVS Student Community Award</li> <li>Wider cultural project to celebrate history and development of modern veterinary practice – tie in with new building?</li> </ul>
3. Work with other stakeholders to retain skills and talent within the professions, by developing return-to-work options that build confidence in those who have had a career break, for whatever reason.		<ul style="list-style-type: none"> <li>Initial conversations started with Defra, British Veterinary Association, Veterinary Management Group and others to better understand recruitment and retention needs but this has been impacted by Covid</li> <li>Initial conversations with MMI re a return-to-work network founded on issue of insurance, needs picking up</li> </ul>	<ul style="list-style-type: none"> <li>Need research ref workforce gap and with leavers/returners– new Research Officer in post will support this</li> <li>Wider use of new VetGDP for those returning to practice after five years or more will support this, including student mentors</li> <li>Re-recruitment fair?</li> <li>Materials for the Academy</li> <li>Review our policies to ensure return to work is as accessible as possible</li> <li>Will be reviewing Period of Supervised Practice for RVNs during 2021</li> </ul>

Action (numbering as per full plan)	Who?	Status	Next step/due date
4. Ensure a pathway for career progression for vets and nurses via postgraduate/post-qualification accreditations and qualifications – to meet the needs of vets and nurses at all stages of their careers.		<ul style="list-style-type: none"> <li>Review has started ref AP and CertAVP for vets - surveys completed and findings reported to Education Committee. Now organising focus groups with stakeholders to identify best approach and next steps</li> <li>Advanced qualifications framework for VNs published and we now have three HEIs accredited with a further two accreditations booked. A range of focused qualifications are now available (for example, anaesthesia, oncology, emergency and critical care and quality improvement)</li> </ul>	<ul style="list-style-type: none"> <li>Publish recommendations on vet quals/status</li> <li>VN career progression linked to LWP</li> <li>Review development routes for general practitioners</li> </ul>
5. Develop extra-mural studies (EMS) and work experience opportunities at the College, together with more opportunities for veterinary professionals and members of the public to become engaged with the work of the regulator at first hand and gain an understanding of its complexities.		<ul style="list-style-type: none"> <li>Meet the RCVS Days, stakeholder days etc on hold due to Covid</li> </ul>	<ul style="list-style-type: none"> <li>Working with Veterinary Policy Research Foundation on joint EMS opportunities on veterinary policy</li> <li>Develop modules for Academy eg virtual hearing? Some kind of gamification of this?</li> <li>Lunch and learns with practices – remotely?</li> </ul>
6. Create an innovation funding pot to enable the professions to help solve regulation and professional standards issues that matter to them.		<ul style="list-style-type: none"> <li>We have approval of the small bursaries pot – for individuals' personal development that aligns to strategic plan – not yet launched due to Covid</li> </ul>	<ul style="list-style-type: none"> <li>How do we better understand the questions that are on professionals' minds?</li> <li>Need to do a risk analysis around this</li> <li>See C1 ref Challenge Prize</li> <li>Launch bursary scheme – Easter?</li> </ul>
7. Continue to develop the Fellowship into a learned society that reflects the varied achievements of the veterinary profession; encourages the advancement of standards; and, develops public awareness of veterinary medicine and science, for example, via the development of a Fellow on the Public Understanding of Veterinary Science.		<ul style="list-style-type: none"> <li>Started process of review of structure of support for Fellowship</li> </ul>	<ul style="list-style-type: none"> <li>Fellowship strategy being refreshed by the Board</li> <li>To be considered as part of review of APC structure</li> </ul>
8. Review new ways of reaching consensus and driving change within our leadership and governance structure.		<ul style="list-style-type: none"> <li>Unconscious bias training took place after September Council meeting</li> <li>Culture action plan for Council approved at October meeting</li> </ul>	<ul style="list-style-type: none"> <li>Need to look at how we make virtual meetings more effective – learn from others</li> <li>Review CPD needs for Council members</li> <li>Review impact of 2018 LRO on Governance (see also D1)</li> </ul>

Action (numbering as per full plan)	Who?	Status	Next step/due date
9. Work with the BVA and the BVNA to evaluate the success of the first action plans for Vet Futures and VN Futures respectively, assess whether the ambitions remain relevant, and develop new action plans accordingly. Work with the FVE and our European colleagues to support the delivery of Vet Futures Europe.		<ul style="list-style-type: none"> <li>Conversations have started to take place, agreed that we need to review research and ambitions, then develop second action plans</li> <li>Evaluation of first action plans started but to be completed – interrupted by Covid</li> </ul>	<ul style="list-style-type: none"> <li>How do we capture what the professions have learned from Covid, and keep the good stuff?</li> <li>Possible stakeholder seminar under discussion for first half of 2021</li> </ul>

## D: Confidence

**Ambition:** in order to deliver our Strategic Plan we must not only have the mandate that is secured by the Veterinary Surgeons Act and our Royal Charter, but also the confidence to succeed that will be brought by the right underpinning – the governance, people, finance, communications and IT structures that are crucial to our success.

Action (numbering as per full plan)	Who?	Status	Next step/due date
1. Review the bedding-in of the 2018 Legislative Reform Order to ensure that our Council and committee structure is efficient, effective, and transparent, and provides the right level of strategic oversight coupled with skills-based input to allow the College to function to the best of its abilities.	Officers	<ul style="list-style-type: none"> <li>We are not mandated by govt to do a review (unlike for the 2013 LRO) but it is good practice</li> </ul>	<ul style="list-style-type: none"> <li>Informal review in 2021 and more formal five-year review in 2023</li> <li>Need to scope informal review for action second half of 2021</li> </ul>
2. Review the structure of all of our groups operating below committee level, to ensure the right mix of skills are available to tackle the tasks at hand and that each group has clear membership, purpose, principles, time-frame and sense of what success will look like.	FRC/Ops	<ul style="list-style-type: none"> <li>Process has started, with more transparency over ToFR, membership and composition – all now online</li> <li>Delegation scheme (to committee level) updated annually</li> </ul>	<ul style="list-style-type: none"> <li>Bring together all groups into one document, with ToR, membership, quorum, etc – this is in process</li> <li>Improve transparency around terms of office</li> <li>Parent committees to review all groups and sunset where appropriate</li> </ul>
3. Develop and embed a meaningful dashboard to help ensure that appetite for risk is clear, risk is managed and any early warning signs are addressed.	ARC/ FRC/ Ops	<ul style="list-style-type: none"> <li>Magique risk management tool now in place for all areas, clear ownership, regularly updated</li> <li>Risk Workshop took place with Council in October 2020</li> </ul>	<ul style="list-style-type: none"> <li>Hold risk workshop with Senior Team to reflect on findings of Council workshop</li> <li>Make 'any items for the risk register' agenda items more meaningful</li> <li>Continue to learn from Covid experience</li> </ul>
4. Collate and review our member and service-user feedback on an ongoing basis, against key performance indicators, and work with RCVS Knowledge to employ a quality improvement and innovation methodology to ensure we are providing services that meet the needs of our audiences and society at large.	ALL	<ul style="list-style-type: none"> <li>We have gathered a list of sources of current feedback</li> <li>Data tile on RCVS.me (RCVS intranet) for internal use showing current and historical information on membership which provides a useful reference tool for trends</li> </ul>	<ul style="list-style-type: none"> <li>Do gap analysis on data held</li> <li>Gather additional data</li> <li>Prioritise areas for improvement</li> <li>Develop QI process – Education team developing via Education QI manager and also to link to new Head of Insight and Engagement</li> </ul>
5. Ensure our financial systems are customer-focused, fraud-resistant and efficient, and improve communication and clarity over where money is spent and its impact.	FRC/ Ops	<ul style="list-style-type: none"> <li>We have gathered data ref fraud prevention activities across the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Review data available and prioritise areas for improvement</li> <li>Focus groups of users of My Account?</li> </ul>

Action (numbering as per full plan)	Who?	Status	Next step/due date
6. Put in a place a people strategy that develops our talent, diversity, leadership and culture, across the staff team, Council and committee members, examiners, assessors and all others who work on behalf of the College.	Exec O/ HR	<ul style="list-style-type: none"> <li>Internal Diversity and Inclusion Strategy in place - Black Lives Matters issues took recent priority</li> <li>Diversity and Inclusion training has taken place for all staff – two-part programme</li> <li>Diversity and Inclusion Group strategy includes internal and external audiences</li> </ul>	<ul style="list-style-type: none"> <li>People Strategy is in draft and close to completion and to be shared with Officers shortly</li> <li>Refreshed internal communications strategy agreed by Senior Team January 2021</li> </ul>
7. Develop and implement a technology strategy that puts digital first, is collaborative, and focuses on simplification and convergence.	Exec O Digital/ FRC	<ul style="list-style-type: none"> <li>Current strategy is coming to an end, new one needs to be developed</li> <li>Covid-19 has meant work has been rather short-term of late, but the existing strategy put us in good shape to work remotely</li> </ul>	<ul style="list-style-type: none"> <li>New strategy needs to be developed</li> </ul>
8. Purchase a new property that aims to serve the needs of the College for the next twenty years, while not putting an undue future financial commitment on our members.	Estates/ Ops	<ul style="list-style-type: none"> <li>Estates Strategy Project Board continuing to work as per strategy and reporting to RCVS Council at each meeting</li> </ul>	<ul style="list-style-type: none"> <li>Future building needs under review to ensure appropriate for the 'new normal'</li> </ul>
9. Put in place a communications strategy that will focus on clarifying what we are, and what we are not, and be stronger about calling out those who seek to undermine the College; own our shortcomings and be clear about where and how we will change; and be bolder about celebrating our successes and our unique contribution to animal health and welfare, and public health. Empower our wider team to become communications ambassadors for the College.	Comms	<ul style="list-style-type: none"> <li>Pandemic continues to mean a lot of time spent on reactive rather than proactive activities, recruitment underway to better support this activity</li> </ul>	<ul style="list-style-type: none"> <li>Strategy remains to be developed</li> </ul>
10. Develop and implement a corporate social responsibility strategy that befits an organisation that works in the public interest.	FRC/ Ops	<ul style="list-style-type: none"> <li>New Environment &amp; Sustainability Working Party to consider both profession-facing and internal issues</li> </ul>	<ul style="list-style-type: none"> <li>Investment policy requires review</li> <li>Environmental impact of any new building will be key</li> <li>Covid has been positive in reducing impact of travel, both overseas and domestic</li> </ul>

Summary	
Meeting	Council
Date	Thursday, 21 January 2021
Title	Practice Standards Scheme (PSS) paper
Summary	A paper with items for approval from the Practice Standards Scheme (PSS), including a proposed new Equine Emergency Services Clinic (ESC) accreditation, RVNs as PSS assessors and changes to the PSS rules.
Decisions required	<p>Council is asked to:</p> <ol style="list-style-type: none"> <li>Approve the new Practice Standards Scheme Equine Emergency Services Clinic accreditation, for publication and assessment in line with the launch of the new version of the Practice Standards;</li> <li>Agree to the following: <ol style="list-style-type: none"> <li>The inclusion of RVNs as PSS Assessors and;</li> <li>To change the wording in the PSS Rules to read: 'To be at least five years qualified as an MRCVS or RVN'</li> </ol> </li> <li>Approve the amendment to the Practice Standards Scheme Rules wording relating to timeframes for assessment of practices acquired by an existing PSS practice group.</li> </ol>
Attachments	<p>Annex A: RCVS Standards Committee 9 November 2020 paper and annexes A – D.</p> <p><b>Please note:</b> all annex paperwork is unclassified per the Council paper header sheet – individual documents state confidential as that was how it went before Standards Committee for decision prior to coming before Council where it is no longer classified information.</p>
Author	<p>Laurence Clegg Senior Practice Standards Officer 020 7202 0778 / <a href="mailto:l.clegg@rcvs.org.uk">l.clegg@rcvs.org.uk</a></p>

## Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a
Annex A	Unclassified	n/a

## <sup>1</sup>Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

## <sup>2</sup>Classification rationales

Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>



## Equine ESC in the Practice Standards

1. The Practice Standards Group (PSG) has developed a new Equine Emergency Services Clinic (ESC) accreditation, similar to the existing Small Animal ESC accreditation, to provide an accreditation option for the emerging business model of Equine veterinary practices that provide ambulatory emergency services.
2. The format of the Equine ESC accreditation would require practices to meet all of the applicable Core Standards level requirements, plus all the requirements in an additional Equine Emergency Services module that has been created from existing Equine General Practice (GP) requirements, the conversion of some of the requirements from the Small Animal ESC module, and some original Equine Emergency Services requirements. The requirements of the Equine Emergency Services module are listed in annex A of Annex A.
3. It is proposed that the new Equine ESC accreditation will be published and assessed in line with the launch of the new version of the Practice Standards, which has been postponed from June 2020 until a date to be decided due to the Covid-19 pandemic.
4. The Equine ESC accreditation was considered by the RCVS Standards Committee at its meeting of 9<sup>th</sup> November 2020. The paper containing the proposal and some additional considerations (paragraphs 1-9), and the relevant annexes (A and B), can be found at Annex A.
5. The Standards Committee unanimously approved the new Equine ESC accreditation, pending some minor considerations regarding incorporating Equine Core Standards into the module which have since been addressed. Council is therefore now also asked to approve the new accreditation.

**Decision: Council is asked to approve the new Practice Standards Scheme Equine Emergency Services Clinic accreditation, for publication and assessment in line with the launch of the new version of the Practice Standards.**

## RVN PSS Assessors

6. In order to appeal to the professions, and thus increase membership, the PSS was created and advertised as a 'peer to peer' quality assurance framework. The pre-requisites for application for the PSS Assessor role has included the requirement for the individual to be MRCVS. However, PSG has had several discussions around amending the Rules of the Scheme so that Registered Veterinary Nurses (RVNs) can also become assessors, and at its meeting of 14<sup>th</sup> September 2020 it unanimously approved changes to the Rules to enable this.
7. A summary of PSG's discussions and considerations on this matter can be found in paragraphs 10-15 of the paper that was presented to RCVS Standards Committee at its meeting of 9<sup>th</sup> November 2020, which can be found along with the relevant annex (C) at Annex A.

8. The change to the Rules wording that PSG approved so that RVNs could become PSS assessor is:

From:

*[PSS assessors are...] To be at least five years qualified as an MRCVS*

To:

*[PSS assessors are...] To be at least five years qualified as an MRCVS or RVN*

9. The Standards Committee unanimously agreed to these changes at its meeting of 9<sup>th</sup> November 2020. Council is therefore now also asked to approve the changes.

**Decision: Council is asked to agree to the following:**

- a. The inclusion of RVNs as PSS Assessors and;**
- b. To change the wording in the PSS Rules to read: *‘To be at least five years qualified as an MRCVS or RVN’***

## **PSS protocol on new acquisition assessment timeframes**

10. At its meeting of 9<sup>th</sup> October 2019, PSG approved changes to the Rules of the PSS relating to timeframes for assessment of practices acquired by an existing PSS practice group, in order to address the issues associated with assessments of new practices acquired through existing practice groups who are already members of the scheme. The issue is that if an acquired practice already operates within a large corporate group, it may be moved to another practice group within the company, and accidentally miss an assessment within the group’s accreditation cycle. This could result in some practices going longer than the usual four year interim period for medicines assessments.
11. The Rules change was presented to the RCVS Standards Committee at its meeting of 9<sup>th</sup> November 2020. The proposal, including PSG’s reasoning and considerations, can be found in paragraphs 16-21 of the paper from that meeting, along with the relevant annex (D), which can be found at Annex A.
12. The proposed change to the Rules wording is:

From:

*‘Where a practice acquires any additional premises, the practice may choose to have these premises assessed immediately (in which case an assessment fee, to cover costs, will be levied), or may ask for assessment of the premises to take place at the practice’s next four yearly assessment..... ‘*

To:

*‘All new premises currently not PSS accredited must have at least a medicines check within the first 12 months after acquisition, and where applicable, be subsumed into the next routine visit to the Group.’*

13. This amendment was unanimously approved by the Standards Committee at its meeting. Council is therefore now also asked to agree to the amendment.

**Decision: Council is asked to approve the amendment to the Practice Standards Scheme Rules wording relating to timeframes for assessment of practices acquired by an existing PSS practice group.**

<b>Summary</b>	
Meeting	Standards Committee
Date	9 <sup>th</sup> November 2020
Title	Practice Standards Scheme (“PSS”) Matters for decision as recommended from PSG.
Summary	<p>A paper outlining:</p> <ol style="list-style-type: none"> <li>1. Proposed changes to the PSS accreditation as recommended by the Practice Standards Group (“PSG”) at its meeting on 13<sup>th</sup> May, with further detail responding to the Committees queries at its meeting on 14<sup>th</sup> September 2020;</li> <li>2. The introduction of RVNs as PSS Assessors and;</li> <li>3. Proposed amendments to the timeframe pertaining to medicines assessments of new premises into a practice group.</li> </ol>
Decisions required	<p>The committee is invited to agree;</p> <ol style="list-style-type: none"> <li>1) The introduction of a new equine emergency service accreditation made up of a new Equine Emergency (Ambulatory) module, leading to accreditation as an ‘Equine Emergency Services Clinic’ (“ESC”) and;</li> <li>2) To change the wording of the PSS Rules to               <ol style="list-style-type: none"> <li>i. include RVNs as assessors and;</li> <li>ii. state that newly acquired practices must have at least a medicines assessment within 12 months of acquisition.</li> </ol> </li> </ol>
Attachments	<p>Annex A – Proposed new Equine Emergency (Ambulatory) module leading to ‘Equine Emergency Services Clinic’ Accreditation</p> <p>Annex B- Equine Core requirements</p> <p>Annex C- Proposed PSS Assessor person specification</p> <p>Annex D- PSG paper including the new acquisition timeframe proposal.</p>
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## Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	<b>Confidential</b>	To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others
Annex A	<b>Confidential</b>	As above
Annex B	<b>Confidential</b>	As above
Annex C	<b>Confidential</b>	As above
Annex D	<b>Unclassified</b>	As above

## Equine ESC in the Practice Standards

### Background

1. At its meeting on 13<sup>th</sup> May 2020, PSG considered the requirements for a new Equine Emergency Services Clinic (Equine ESC) accreditation, and it was agreed that the new Equine Emergency module would be created from an amalgamation of the relevant GP requirements from existing equine modules and the conversion of some of the Small Animal ESC requirements, together with some original Equine Emergency Service requirements. These requirements have been pulled into a module document found at Annex A. It must be noted that in order to become accredited, all applicable Core requirements must also be met. The new equine Core standards have been put together in a separate document at Annex B for reference.

### Standards Committee Queries

2. At its meeting on 14<sup>th</sup> September 2020, the Standards Committee considered a proposal for an Equine ESC accreditation and during that meeting raised queries regarding the proposal for further consideration. These queries, and the responses to these, may be found below;

### 3. Detail on the elements that are included in the accreditation from PSS Core and GP requirements.

All applicable Core requirements (which must include the Core medicines module, see Annex B) must be met before this accreditation can be awarded. Details of the proposed requirements, and associated root index number, together with module, species and accreditation level are noted at Annex A.

### 4. How practices under the new module will be inspected for matters such as medicines and how this will be governed

Practices will have to comply with all applicable Core standards which **must** include all of the medicines module requirements including those pertaining to vehicles, procurement, storage and disposal of medications. These Core medicines requirements fulfil the legal requirements under the Veterinary Medicines Regulations. Accreditation may therefore not be granted unless these Core requirements are met. The Committee is referred to the Core requirements in Annex B.

### 5. Medical record confidentiality and access.

The small animal ESC requirement 6.4.26 is included in the module and states:

*'The clinic must have a protocol in place for passing on all relevant clinical history between the primary practice and the equine ESC at the time of transfer of the emergency service between the two practices.....There must be prompt communication between the practice and the primary practice relating to all recent emergency cases. The practice must have a list of available contacts at the primary practice.'*

Further to this, one of the newly created requirements for this module states:

*'The practice must be able to access the clinical notes from the partner practice for any patients that it treats.'*

In addition, the Equine Module 10: Medical Records Core requirement (which is mandatory) 10.1.1 states:

*'The practice must maintain an efficient system of documenting and filing clinical records and comply with the Data Protection Act.'*

This is accompanied by substantial guidance notes on this matter.

## **6. Lone working provisions/guidance.**

Equine Module: Out of Hours mandatory Core requirement 12.1.8 states:

*'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.'*

In addition the Module 15: Practice Team mandatory Core Standard 15.1.13 requires:

*'The practice must have a clear health and safety policy which is known to, and understood by, all team members. This must be updated on a regular basis and updates communicated to team members.....The law applies when people are at work so will also apply to practitioners working mainly from vehicles but also from home, and where locums are used. Employers have duties to ensure the health and safety of their employees and this includes situations where work is carried out at, or from, home.'*

## **7. Communication to horse owners of the change in care providers.**

This would be the host practice's responsibility, and not the ESC's. This therefore would automatically be covered by the host practice with mandatory requirement 12.1.7, which is Core level in the Out of Hours Module.

## **8. Firearms Considerations**

This is covered in the mandatory Module 15: Practice Team Core Standard 15.1.35 which states:

*'Where firearms are stored on the premises and/or used in the course of practice business firearms certificates must be shown..... The practice must pass inspection by a Duty Firearms Officer in respect of any firearms/tranquillizer and dart guns. Individual veterinary surgeons must have been issued with the relevant firearms certificate. These should cover adequate storage arrangements.'*

## **9. Decision**

Standards Committee is invited to agree the implementation of a new module: Equine Emergency (Ambulatory), leading to accreditation as Equine Emergency Services Clinic, to be implemented at the same time as the new PSS edits, once this date is agreed by PSG.



## RVN PSS Assessors

### Background

10. In order to appeal to the professions, and thus increase membership, the PSS was created and advertised as a 'peer to peer' quality assurance framework. The pre-requisites for application for the PSS Assessor role has included the requirement for the individual to be MRCVS. The current PSS Rules states that PSS Assessors are:

*To be at least five years qualified as an MRCVS;*

*To be in full or part-time veterinary practice (or to have been so within the previous three years);*

*To have been approved by the RCVS as having suitable experience for assessments to be undertaken.*

11. There have been several discussions and points raised regarding changing the Rules to allow Registered Veterinary Nurses (RVNs) to become assessors in PSG meetings dating back to 2017. Further to this, a paper was presented to PSG in May 2020 for discussion.

### Discussion regarding the possibility of RVN assessors

12. PSG gave careful consideration as to whether RVNs may also be suitable as PSS Assessors, at its meetings on 13<sup>th</sup> May 2020 and 14<sup>th</sup> September 2020. These considerations included:
- a. Whether an RVN would be regarded as a 'peer' in an assessment process by the veterinary professionals in the practice
  - b. What other healthcare accreditation schemes do, e.g. Pharmacy Technicians as Pharmacy Inspectors
  - c. The eligibility of RVNs to assess practices that treat species other than small animals
  - d. Previous discussions and work on providing a PSS Assessor qualification
  - e. The potential of 'buddying' RVNs with MsRCVS Assessors
  - f. The need to reflect any changes to the PSS Assessor person specification to the PSS Rules.
13. Desk based research was completed and presented to PSG at its meeting on 13<sup>th</sup> May 2020 and as a result of subsequent discussions, PSG was invited to collaborate with its membership organisation boards to approve a new PSS Assessor person specification, inclusive of RVNs. It was agreed that with formalised and targeted initial training, RVNs could be in a position to perform PSS assessments without the need for a further qualification. It was noted at the meeting that RVNs within practices are often the managers of the PSS assessment process within practices, and would therefore view another RVN as a peer. In addition, it was noted that the candidates should also have had some leadership experience, in order to have the skills required to formulate consensus for change within practices.
14. At its meeting on 14<sup>th</sup> September 2020, PSG voted unanimously to approve the new PSS Assessor person specification (subject to minor amendments, now reflected in Annex C) to include RVNs, and are proposing a change in the PSS Rules to reflect this decision.

## Decisions Required

15. Standards Committee are invited to agree;
  - a. The inclusion of RVNs as PSS Assessors and;
  - b. To change the wording in the PSS Rules to read: *'To be at least five years qualified as an MRCVS or RVN'*

## PSS protocol on new acquisition assessment timeframes

16. At its meeting on 9 October 2019, PSG were presented a paper (Annex D) outlining the issues associated with the current PSS Rules pertaining to assessment of new practices into an existing practice group.
17. The current Rules allow for a new premises to become a candidate and become assessed at the next routine accreditation for the practice group. The issue is that if this practice already operates within a large corporate group, it may be moved to another practice group within the company, and accidentally miss an assessment within the groups accreditation cycle.. This could result in some practices going longer than the usual four year interim period for medicines assessments.
18. Before making its decision, PSG requested to consult with the Major Employers Group (MEG) regarding reasonable timings of assessments for new acquisitions in corporate groups. Feedback from the MEG suggested 12-18 months would be logistically reasonable for assessment of new acquisitions.
19. It was considered that to mandate a full PSS assessment immediately could be problematic for some practices, but that in order to maintain the integrity of the Veterinary Medicines Regulations at these practices, a medicines assessment must be carried out at the very least within a 12 month timeframe.
20. The Group therefore decided that the old wording regarding assessment of a newly acquired practice is changed from:

*'Where a practice acquires any additional premises, the practice may choose to have these premises assessed immediately (in which case an assessment fee, to cover costs, will be levied), or may ask for assessment of the premises to take place at the practice's next four yearly assessment..... '*

To:

*'All new premises currently not PSS accredited must have at least a medicines check within the first 12 months after acquisition, and where applicable, be subsumed into the next routine visit to the Group.'*

### Decision required


21. Standards Committee are invited to consider change to the wording of the PSS Rules as set out above.


## Proposed Equine Emergency (Ambulatory) module

The requirements listed below are those that have been selected for the proposed Equine Emergency (Ambulatory) module. There are 40 requirements in total. These requirements may not be assessed unless all applicable Core requirements (that **must** include the medicines module) are met. The source module, level and index number are added into the left hand column for ease of reference.



Note: the index numbers used in this document reflect the new edits indexing system yet to be published, and therefore will be different to the current index numbers as published on RCVS website. The wording for these requirements remains similar or the same.

Existing Equine / Small Animal index number	Requirement	Guidance notes	Documents
1.2.4 EQ GP Anaesthesia	There must be adequate facilities for the induction, maintenance and recovery from sedation / general anaesthesia, whether in the field or at the practice premises.	There must be consideration for the safety of the patient and all personnel present.	
1.2.6 EQ GP Anaesthesia	There is an emergency crash box available with the necessary drugs available.	The drugs are in date. There is a chart listing suitable doses.  A log is kept to show that the box is checked regularly to ensure that the contents are correct and all drugs are in date.	Chart of emergency drugs.
2.2.1 EQ GP Clinical Governance	The practice must have a system in place for regularly monitoring and discussing clinical cases and outcomes, analysing and continually improving professional practice as a result. This should include following up on cases with the partner practice.	Clinical meetings should be held at least quarterly.  Evidence of changes made as a result of the analysis. This could be recorded on the practice management system e.g. under client record "clinical governance".  A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's Tool and Resources page: <a href="http://www.rcvsknowledge.org/quality-improvement">www.rcvsknowledge.org/quality-improvement</a>	Written evidence of continual improvement, regular clinical meetings, journal clubs or clinical protocols and guidelines.

2.2.2 EQ GP Clinical Governance	There is evidence of either clinical audit (process or outcome), significant event audit, or M&M meetings.	The practice must engage with at least one of these.	
2.2.4 EQ GP Clinical Governance	All clinical team members (including new team members and locums) must be provided with written guidelines and protocols for managing the clinical emergencies encountered commonly in the practice. There must be formal evidence of induction of team members at the outset of their employment.	Consistent information is provided to all new team members.  Evidence of induction records and training.	Guidance notes on emergency procedures.  Induction and training records.
3.2.1 EQ GP Client Experience	There must be sufficient telephone capacity and human resources to meet the workload of the practice.	It could be that the practice carries out a regular audit of time taken to answer calls.	
3.2.2 EQ GP Client Experience	Team members should be effective at prioritisation of emergency cases.	Practice team members who are responsible for answering phones to be aware of cases that require immediate emergency attention and how to communicate and liaise with the veterinary surgeon and the clients to provide appropriate attendance.  Examples of acute trauma that may require urgent attention include fractures, wounds, colics and foaling etc.  Assessors will expect to speak to a cross-section of the team.	Protocol for recognising and dealing with requests for emergency treatment. 
3.2.3 EQ GP Client Experience	Clients are aware of the identity of team members responsible for the care of their animals and any changes in personnel day-to-day.	Pictures on notice boards, name badges, websites, social media, and newsletters.  Practices will be expected to update websites and RCVS Find a Vet regularly.	

3.2.4 EQ GP Client Experience	Insurance claims are handled efficiently and in a timely manner.	<p>More information about managing insurance claims can be found in the supporting guidance for the Code of Professional Conduct: <a href="https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/practice-information-and-fees/">https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/practice-information-and-fees/</a>.</p> <p>There should be a written protocol for responding to insurance claims.</p>	
3.2.5 EQ GP Client Experience	There must be a written policy to deal with clients' complaints or criticisms and the practice must keep a record of complaints received and the responses made.	<p>This should in line with guidance provided by the VDS or similar organisation and should include at least:</p> <ul style="list-style-type: none"> <li>- Details of who deals with complaints in the practice</li> <li>- How complaints are dealt with</li> <li>- Timescales for responding to clients about complaints</li> </ul>	<p>Written complaints policy.</p> 
3.2.6 EQ GP Client Experience	There is an efficient system for regular and timely invoicing.	Statements should be provided at least monthly and sent in a timely fashion.	
3.2.7 EQ GP Client Experience	All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations.	There should be a written protocol and evidence of training.	
6.2.1 EQ GP Infection Control	Written cleaning protocols for all vehicles are required and must be regularly audited and recorded.	The frequency of cleaning will vary according to the area and caseload.	Cleaning protocols.


6.2.3 EQ GP Infection Control	Clean and appropriate clothing is worn for the clinical task being undertaken.		
9.2.1 EQ GP Medicines	All labels must be mechanically or machine produced, handwritten labels are not acceptable.	Handwritten labels for ambulatory practitioners or those on visits are considered acceptable for reasons of practicality, as the majority of details (i.e. veterinary practice address) are pre-printed onto labels the additional information can be added by hand.	
9.2.3 EQ GP Medicines	A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones and 3 <sup>rd</sup> and 4 <sup>th</sup> generation cephalosporins). 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 HP-CIA 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>The development and spread of antimicrobial resistance is a global public health problem that is affected by the use of these medicinal products in both humans and animals, including companion animals. The aim is to reduce the use of antibiotics considered to contribute to antimicrobial resistance.</p> <p>In each and every situation where HP-CIAs are deemed necessary, culture and sensitivity should be carried out. If the practice/patient history, or recognised guidelines for empiric antibiotic-usage, 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.</p> <p>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 and the pharmacokinetic/pharmacodynamic properties of each antimicrobial.</p> <p>Information on the antimicrobials contained within the group HP-CIA can be found on <a href="http://bit.ly/2q0JCmU">http://bit.ly/2q0JCmU</a>.</p>	


		See BEVA PROTECT ME ( <a href="https://www.beva.org.uk/Resources-For-Vets-Practices/Medicines-Guidance/Protect-me">https://www.beva.org.uk/Resources-For-Vets-Practices/Medicines-Guidance/Protect-me</a> ) and BVA ( <a href="https://www.bva.co.uk/News-campaigns-and-policy/Policy/Medicines/Antimicrobials/">https://www.bva.co.uk/News-campaigns-and-policy/Policy/Medicines/Antimicrobials/</a> ) guidelines on the responsible use of antimicrobials.	
10.2.6 EQ GP Medical Records	The patient records include details of whether the horse is intended, or not intended, for human consumption, as determined by Section IX / Section II Part II of the horse's passport.		
10.2.7 EQ GP Medical Records	Individual horse records must include details of the passport / UELN / microchip number.	Some horses, such as semi-feral populations, are not required to have a passport.	
12.2.1 EQ GP OOH	If OOH cover is provided by veterinary surgeons not normally working with that species then suitable training, CPD and backup must be demonstrated.		CPD records or access to online CPD records. 
12.2.2 EQ GP OOH	Assessors will ask to see what arrangements are made for surgical emergencies.	The practice's referral policy is known to the on duty veterinary surgeon. Assessors would wish to see a written protocol.	
13.2.1 EQ GP Out Patient (Amb)	The practice must have access to a service providing veterinary specific advice on management of poisons.	It is not necessary to have a formal annual contract. An SOP to show how information is being accessed, for example, via websites on a 'pay-as-you-go' basis would be acceptable.  Evidence of a current contract should be provided or an SOP must show how to access the information in an emergency.	SOP or contract. 
13.2.2 EQ GP Out Patient (Amb)	There must be a contact list of local horse 24 hour transport companies.		Contact list.



13.2.3 EQ GP Out Patient (Amb)	All team members have received and are familiar with protocols for examinations undertaken in the field.	For example ophthalmological examinations may need to be carried out in a darkened area.	
13.2.4 EQ GP Out Patient (Amb)	Practices must have the ability to view X-rays/diagnostic images in the consulting area (including in the field).	A laptop, mobile X-ray viewer, digital display screen or hard copy showing real size images would be acceptable.	
15.2.2 EQ GP Practice Team	All clinical team members are able to access reference materials appropriate to their role and activities in the practice.	Team members can explain how they use resource materials to keep up-to-date and can rapidly access essential current information for any clinical situation that may arise.	
15.2.3 EQ GP Practice Team	The practice has a structured procedure for the induction of new team members which is appropriate to the role.	<p>Some form of checklist or structured programme will be expected and team members will be able to explain how the induction procedure is carried out and over what time period.</p> <p>New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor.</p> <p>The PDP mentor should have undergone mentor training and should keep this training up to date by undertaking a one day course given by a course provider (or 5 hours in length if self-study or webinar is undertaken) per year, in any year that the member is mentoring a new graduate. The practice should allow the mentor time to support the new graduate and where possible match working patterns. The PDP participant should be provided with the opportunity to master the Year 1 Skills by having access to relevant cases. The ratio of new graduates to mentor should not exceed 3:1.</p>	Evidence of induction procedures.
15.2.4	Team members' appraisals are performed.	This must be at least once yearly but can be more frequent.	Evidence of appraisals.

EQ GP Practice Team			
15.2.5 EQ GP Practice Team	There are written records to show that regular reviews are held with clinical team members to support them to plan their professional development.		
15.2.6 EQ GP Practice Team	Mental health and wellbeing is embedded in induction training for new starters.		
15.2.7 EQ GP Practice Team	The practice provides information and resources on mental health and wellbeing e.g. Samaritans, Mind Matters, Vetlife.		
15.2.8 EQ GP Practice Team	The practice has a written policy on physical and mental health and wellbeing which is made available to all team members.		
15.2.9 EQ GP Practice Team	The practice offers a phased return to team members who have been on long-term sick leave.		
15.2.10 EQ GP Practice Team	Line managers should have clear guidance on how to deal with mental health issues in the workplace.	Any internal training / induction for new line managers explicitly addresses mental health in the workplace.  All team members with line management responsibility should have undertaken some form of training on mental health awareness.	

		<p>Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage, especially with regards to the Equality Act. See the Government's guidance on the Equality Act: <a href="https://www.gov.uk/guidance/equality-act-2010-guidance">https://www.gov.uk/guidance/equality-act-2010-guidance</a>.</p> <p>Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios (self-harm, suicidal ideation, psychosis), and these are understood.</p> <p>Managers can describe where they would seek additional advice and guidance on issues around mental health.</p> <p>Advice and guidance is available from Mind (<a href="https://www.mind.org.uk/workplace/mental-health-at-work/">https://www.mind.org.uk/workplace/mental-health-at-work/</a>), ACAS (<a href="https://www.acas.org.uk/supporting-mental-health-workplace">https://www.acas.org.uk/supporting-mental-health-workplace</a>), HSE (<a href="https://www.hse.gov.uk/stress/assets/docs/manage-mental-health.pdf">https://www.hse.gov.uk/stress/assets/docs/manage-mental-health.pdf</a>), and the RCVS Mind Matters Initiative Managers' training.</p>	
15.2.11 EQ GP Practice Team	The practice has a sustainability policy.	This should include a recycling and waste reduction plan.	
6.4.1 SA ESC	A fulltime veterinary surgeon must be employed at each practice who shall have overall responsibility for all emergency and critical care and professional matters within the clinic.		
6.4.4 SA ESC	When covering for another practice, a written agreement must be entered into with the client practices which includes a written policy on surgical complications of their cases and daily reporting of clinical records back to the client's practice.	It is expected that outcomes will be actively followed up with referring practices and clients.	<p>Written agreement with client practices.</p> 

6.4.7 SA ESC	At least one on-duty veterinary surgeon, directly responsible for emergency care is on duty during all of the operating hours of the practice.		Evidence will be provided through team rotas.
6.4.10 SA ESC	There must be a written policy on answering the telephone including how to answer call-outs, transport concerns and fee estimates.		Written policy on answering telephone. 
6.4.26 SA ESC	The clinic must have a protocol in place for passing on all relevant clinical history between the primary practice and the equine ESC at the time of transfer of the emergency service between the two practices	There must be prompt communication between the practice and the primary practice relating to all recent emergency cases. The practice must have a list of available contacts at the primary practice.	
<b>NEW</b>	The practice must be able to access the clinical notes from the partner practice for any patients that it treats.		
<b>NEW</b>	The practice must have, or have access to, ultrasound equipment.	There must be a written agreement in place for access to ultrasound equipment if the practice does not own it.	







## Practice Standards Scheme

## Modules and Awards

## Module 1: Anaesthesia

### Core Standards

Point	Requirements	Guidance notes	Documents
1.1.1	<p>If carrying out gaseous anaesthesia the practice must carry out monitoring of anaesthetic pollutants in operating areas and maintain written records of this.</p> <p>Written evidence of measurement of personal exposure to anaesthetic monitoring is required. Monitoring must be carried out on an annual basis, or if the nature of the anaesthetic equipment and circuitry is changed.</p> <p>Assessors will check that the readings recorded fall within the current Workplace Exposure Limits for the agent(s) used.</p>	<p>Exposure limits for the agent(s) used. These are currently:</p> <ul style="list-style-type: none"> <li>- 10ppm Halothane</li> <li>- 50ppm Isoflurane</li> <li>- 60ppm Sevoflurane</li> <li>- 100ppm nitrous oxide</li> </ul> <p>All these values are subject to review and are calculated on an eight hour Time Weighted Average (TWA) basis.</p>	<p>Anaesthetic gas monitoring result.</p> 
1.1.2	<p>If carrying out gaseous anaesthesia the practice must provide facilities for the scavenging of anaesthetic gases.</p> <p>Scavenging must comply with current health and safety laws.</p>	<p>Facilities for scavenging include any device or ducting system for the removal of waste gases from the operating area:</p> <ul style="list-style-type: none"> <li>- Passive scavenging – by duct to the open air</li> <li>- Charcoal absorbers – e.g. Aldosorb</li> <li>- Active scavenging – via a pump and air break device</li> </ul>	<p>Inspection certificate for active scavenging system.</p> 

		If a sophisticated active scavenging system is in operation, it must be serviced annually. An inspection certificate must be available.	
1.1.3	Anaesthetic equipment must be subject to professional maintenance according to the manufacturers' recommendations.	Regular service records must be produced for all anaesthetic equipment.	Service records. 
1.1.4	Only a veterinary surgeon can administer general anaesthesia if the induction dose is either incremental or to effect.		
1.1.5	If there is a hoist system in place the practice must be aware of the Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the regulations prior to use and thereafter have the equipment inspected regularly.	Regular service records and a current certificate of inspection should be available.	Certificate of inspection and service records for hoist. 
1.1.6	A record must be kept of every anaesthesia procedure performed.		
1.1.7	Local and regional anaesthetic techniques are used as appropriate.		
1.1.8	There must be adequate monitoring (by a suitably trained person) of the patient during recovery from general anaesthesia, whether in the field or at the practice premises.	There must be consideration for the safety of the patient and all personnel present.  Evidence of suitable training must be provided. In-house training is acceptable but must be evidenced to assessors.	
1.1.9	A second suitably trained person other than the surgeon must be in attendance for the specific purpose of monitoring the patient and	Monitoring a patient during anaesthesia and the recovery period is the responsibility of the veterinary surgeon, but may be carried out	

	<p>maintaining anaesthesia (exceptions include emergency field anaesthesia, or very short procedures e.g. colt castrate).</p>	<p>on his or her behalf by a suitably trained person. The most suitable person to assist a veterinary surgeon to monitor and maintain anaesthesia is a suitably trained veterinary nurse or, under supervision, a student veterinary nurse.</p> <p>Evidence of suitable training must be provided if the team member is not a Registered Veterinary Nurse. In-house training is acceptable but must be evidenced to assessors. Assessors will wish to speak to those put forward as having competency in anaesthetic monitoring. Assessors may also ask to see the anaesthetic charts, where used.</p>	
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## Module 2: Clinical Governance


### Core Standards

Point	Requirements	Guidance notes	Documents
2.1.1	Veterinary surgeons must ensure that clinical governance forms part of their professional activities.	<p>Clinical governance is a framework to enable the practice to deliver good quality care by reflecting on clinical cases, analysing and continually improving professional practice as a result and for the benefit of the animal patient and the client/owner.</p> <p>Clinical effectiveness measures how well a particular procedure achieves the desired outcome. For practices to be clinically effective they need access to the best available evidence in order to discuss and draw up protocols, guidelines and checklists, and monitor how effective they are using clinical audit, significant event reviews and benchmarking.</p> <p>Evidence-based veterinary medicine is a key focus of RCVS Knowledge; <a href="http://www.rcvsknowledge.org/evidence-based-veterinary-medicine">www.rcvsknowledge.org/evidence-based-veterinary-medicine</a>. Further information on Clinical Governance can be found on the RCVS Knowledge's website: <a href="http://www.rcvsknowledge.org/quality-improvement">www.rcvsknowledge.org/quality-improvement</a>.</p> <p>Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the RCVS Code of Professional Conduct: <a href="http://bit.ly/1TujSJR">http://bit.ly/1TujSJR</a>. Examples which the practice should be able to demonstrate include, but are not limited to, practice meetings, Clinical Audits, Significant Event Audits, and Morbidity and Mortality rounds.</p> <p>Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.</p>	


2.1.2	Veterinary surgeons must refer cases as appropriate.	<p>There should be protocols for referral that are regularly reviewed and known to all the practice team.</p> <p>Assessors will expect to see records of recent referrals or of case discussions with referral practices.</p> <p>Veterinary surgeons should be aware of the lawful basis for sharing personal information when referring a case. Please refer to this guidance for more information: <a href="http://bit.ly/2rXiaHs">http://bit.ly/2rXiaHs</a></p>	
2.1.3	There is a system for updating relevant team members on the use of all new equipment, procedures and new medicines used in the practice.		

## Module 3: Client Experience

### Core Standards

Point	Requirements	Guidance notes	Documents
3.1.1	The practice must have an effective means of communication with its clients.	<p>The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including:</p> <ul style="list-style-type: none"> <li>- The provision, initial cost and location of the out-of-hours emergency service</li> <li>- Information on the care of in-patients</li> <li>- The practice's complaints handling policy</li> <li>- Full terms and conditions of business, to include, for example: <ul style="list-style-type: none"> <li>• Surgery opening times</li> <li>• Normal operating times</li> <li>• Fee or charging structures</li> <li>• Procedures for second opinions and referrals</li> <li>• Use of client data</li> <li>• Access to and ownership of records</li> </ul> </li> <li>- The practice's privacy policy notice to include, for example: <ul style="list-style-type: none"> <li>• Practice contact details</li> <li>• How client data will be used and processed</li> <li>• The purposes for which the client data is being processed and the legal basis for doing so</li> </ul> </li> </ul>	<p>Information for new clients or terms and conditions.</p> 


		<ul style="list-style-type: none"><li>• The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc.</li><li>• The data retention period or how such period is determined</li><li>• The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the right to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing)</li><li>• The data subjects rights and any relevant information needed to lodge a complaint with the Information Commissioners Office</li></ul> <p>Evidence could include client information leaflets, newsletters, emails to clients and reminders. This information should be displayed on the website, provided to new clients and displayed in the surgery.</p> <p>In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see <a href="https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/">https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/</a>). Where the lawful basis relied upon is consent, practices should ensure that communications are only sent where (a) the client has given clear and specific consent, and (b) they were given the opportunity to opt out of email marketing at the time their email address was collected, and each time an email is sent. Consent should be freely given and there should be a specific opt-in by the client. It is not acceptable to rely on a pre-ticked box or infer consent from silence. There should be systems and processes in place to keep the consent up to date and</p>	
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		veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent.) For further information please refer to: <a href="http://bit.ly/2rXiaHs">http://bit.ly/2rXiaHs</a>	
3.1.2	The practice must have a means of recording and considering client complaints.	For further information please refer to: <a href="http://bit.ly/2rXiaHs">http://bit.ly/2rXiaHs</a>	Record of client complaints.
3.1.3	There is an effective system for referring all patients.	Referral communications are personal and directed from veterinary surgeon to veterinary surgeon. Relevant clinical team members understand the process of referral and can describe how a referral is made.  This includes referrals and communication with paraprofessionals.	
3.1.4	Veterinary surgeons must respond promptly, fully and courteously to clients' complaints and criticisms.	All team members should be aware of the practice's complaints procedure and know what to do in the event of a complaint or criticism.	Complaints procedure. 
3.1.5	There is a written protocol for cremation, destination of ashes etc.		

3.1.6	<p>There is a system for updating the clients on fees on a frequent basis and for alerting the client as soon as practicable when fees reach or exceed the estimate or agreed fee interval.</p>	<p>The practice must be able to demonstrate how fee estimates are generated and show the procedures for updating and informing clients of ongoing costs.</p> <p>Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records.</p> <p>Practices should be aware of their obligations under GDPR when communicating with clients.</p> <p>For further information please refer to: <a href="http://bit.ly/2rXiaHs">http://bit.ly/2rXiaHs</a></p>	
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## Module 4: Dentistry

### Core Standards

Point	Requirements	Guidance notes	Documents
4.1.1	Instruments and equipment must be appropriately maintained.	Internal maintenance records, service records including: cleaning, disinfection, sterilisation and sharpening as appropriate e.g. instruments used for surgical procedures.	Protocols for maintenance of instruments. 
4.1.2	Evidence of training of team members in the proper use and maintenance of equipment must be available.	Team member training and/or induction records including protocols for cleaning/disinfection/sterilisation.	Training or induction records for maintenance of equipment.
4.1.3	Appropriate Personal Protective Equipment (PPE) should be available and used.	Disposable gloves and head protection. This should be used by all persons present.	

4.1.4	A selection of diagnostic and treatment equipment appropriate for the size of patients to be treated must be present.	<p>Practices that do not routinely practice dentistry on site must have the ability to examine a horse's mouth using a gag and suitable light source.</p> <p>If dentistry is routinely practiced, a range of angled and straight hand held rasps and a full mouth speculum must be available.</p> <p>Elevators and extractors suitable for wolf teeth and loose molar removal.</p> <p>Bright light (e.g. head torch) and dental mirrors should be available and used when performing equine dental exams, together with equipment for deciduous cap removal.</p>	
4.1.5	When appropriate, the practice has the ability to use sedation under routine examination and rasping of equine dentition.		






## Module 5: Diagnostic Imaging

### Core Standards

If the practice does not have an X-ray machine, only requirement 5.1.1 is applicable.


If the practice has an X-ray machine, practices must meet requirements 5.1.-5.1.19.



Point	Requirements	Guidance notes	Documents
5.1.1	Core practices must be able to demonstrate what system/procedure/protocol is in place if a patient requires an X-ray and offer this facility if it is not available within the practice.	Practice protocols/team members can explain.	
5.1.2	The practice must inform the Health and Safety Executive (HSE) of their use of ionising radiations.	<p>There is a three-tier system of informing the HSE of the use of ionising radiation. All practices have to resubmit under IRR17. The three tiers are notification, registration and consent.</p> <p>Veterinary practices must register with the HSE. Use of open sources or linear accelerators additionally requires consent. Applications are per employer, not per practice and is online. Re-application is only required if there is a material change in circumstances.</p> <p>Practices must also notify the HSE if they exceed the radon threshold.</p>	<p>Evidence of registration and/or consent.</p> 

5.1.3	The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice.	<p>Assessors will ask to see an agreement with an RPA, including the scope of the activities upon which advice is required.</p> <p>Assessors will ask to see a copy of the last RPA report, together with evidence that any recommendations have been complied with. The precise frequency of visits by an RPA will be discussed and agreed between the RPA and the practice.</p> <p>Material changes in e.g. equipment or workload must be notified to the RPA, who will decide if a visit is required. Practices should note that a Certificate of Competency issued to an RPA does not automatically denote experience of veterinary practice and suitable enquiries should be made.</p> <p>A list of the RPA 2000 Certificate holders is available here:  <a href="http://bit.ly/1Elwabc">http://bit.ly/1Elwabc</a></p>	<p><u>Letter of appointment of RPA.</u></p> <p></p> <p><u>RPA report.</u></p>
5.1.4	The practice must appoint a radiation protection supervisor (RPS) in writing.	<p>Assessors will ask to see the written appointment of one or more suitable RPSs.</p> <p>The RPS should be a veterinary surgeon or RVN and command sufficient authority to supervise the work so that it is performed in accordance with the local rules and have an adequate understanding of the requirements of the Ionising Radiation Regulations. They must also know what to do in an emergency.</p> <p>HSE require any RPS to have had recent relevant radiation protection training within the last 5 years.</p> <p>Assessors will expect to speak to the RPS(s) during the visit.</p>	<p><u>Letter of appointment of RPS.</u></p> <p></p>

5.1.5	A suitable and sufficient assessment of the risks of ionising radiations must be made for the purpose of identifying the measures to restrict exposures to employees and other persons, this should be reviewed annually or earlier if there are material changes of circumstance.	<p>The risk assessment must be sufficient to demonstrate that:</p> <ul style="list-style-type: none"> <li>- All hazards with a potential to cause a radiation accident have been identified</li> <li>- The nature and magnitude of the risks have been evaluated</li> </ul> <p>Where the risk assessment shows the existence of a risk of a reasonably foreseeable radiation accident, the radiation employer shall take all reasonable steps to:</p> <ul style="list-style-type: none"> <li>- Prevent any such accident</li> <li>- Limit the consequences of any such accident</li> <li>- Provide employees with such instruction and training as is necessary to restrict their exposure</li> </ul> <p>A list of what is required in the risk assessment can be found at HSE Working with ionising radiation: Approved Code of Practice and guidance <a href="http://bit.ly/1ZyVMyc">http://bit.ly/1ZyVMyc</a></p>	Risk assessment for ionising radiations.
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5.1.6	Written local rules must be approved by the RPA and clearly displayed to all team members.	<p>Local rules must be displayed in or near each X-ray area.</p> <p>They must contain:</p> <p>Name of RPS</p> <ul style="list-style-type: none"> <li>- Controlled area – when and where it exists</li> <li>- Dose investigation level</li> <li>- Contingency plan</li> <li>- Written arrangements</li> <li>- Duties of RPS</li> <li>- How entry to controlled area is restricted</li> </ul> <p>Optional:</p> <ul style="list-style-type: none"> <li>- Name, address and telephone number of RPA</li> <li>- Arrangements for maintenance of equipment</li> <li>- Dosimetry arrangements</li> <li>- Use, storage and inspection of Personal Protective Equipment (PPE)</li> </ul> <p>Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.</p>	Local rules for radiography.
5.1.7	<p>A controlled area must be designated in accordance with advice from the RPA. It must also be adequately described in the local rules, physically demarcated where practical and provided with suitable and sufficient signs and warnings, all in accordance with the RPA's advice.</p> <p>Automatic warning lights are required at every entrance to the controlled area.</p>	<p>Within practice premises a specified room or rooms must be designated for radiography. It is desirable but not essential that the room is used solely for radiography.</p> <p>It is required that appropriate warnings are provided at the entrances to controlled areas. These lights should fail to safety where reasonably practical. There is a tiered approach to fail-safe lighting. The goal is always to minimise the risk of inadvertent or inappropriate entry into a controlled area.</p>	

5.1.8	A copy of the most recent edition of the Guidance Notes for the Safe Use of Ionising Radiations in Veterinary Practice must be available to all members of the practice.	<p>These guidance notes do not seek to give detailed and comprehensive advice on all aspects of the use of ionising radiations in the veterinary profession and the practice must have consulted an RPA.</p> <p>A guide to Ionising Radiations is available from the BVA website: <a href="http://bit.ly/2f4HabN">http://bit.ly/2f4HabN</a></p>	Copy of guidance notes.
5.1.9	Evidence must be provided of diagnostic quality imaging by or on behalf of the practice for the range of species treated.	Assessors will wish to see a range of diagnostic images and/or reports as appropriate, e.g. radiographs, ultrasound images, endoscopic images etc. covering appropriate regions of the body.	
5.1.10	<p>Sufficient personal protective equipment must be provided and examined at regular intervals.</p> <p>All protective clothing must be thoroughly examined on an annual basis and a record kept. Regular inspection of safety equipment must be recorded.</p>	<p>When necessary, the practice must provide at least one protective apron, and, if animals are ever held, must provide hand, forearm and thyroid protectors with a lead equivalence of not less than 0.5mm, sufficient for all personnel involved.</p> <p>When not in use, aprons should be stored and transported appropriately to avoid damage.</p> <p>The practice should have agreed with their RPA whether or not lead glasses are needed for equine radiography.</p> <p>Assessors will check team members' understanding of appropriate use.</p> <p>The risk assessment should be reviewed at least annually.</p>	<p>Protocol and records for examining PPE.</p> 

5.1.11	The X-ray machine must be serviced according to manufacturers' requirements and there must be written evidence of a satisfactory service record.	Assessors will ask to see the X-ray machine's service records.	X-ray machine service records. 
5.1.12	The X-ray machine must have a functional collimator.	The X-ray beam must be collimated so as to leave a margin of unexposed film on all edges of the radiograph.	
5.1.13	There must be suitable radiographic processing facilities (analogue or digital) used and maintained in accordance with the manufacturer's instructions to avoid wasted exposures.	Good processing techniques are essential to avoid unnecessary exposures.	
5.1.14	For wet processing of film the processing area must be ventilated and chemicals handled and disposed of according to current legislation and best practice guidelines.	<p>If wet processing is used, an SOP should be in place.</p> <p>In particular, the development time, temperature and replenishment must be in accordance with the manufacturer's instructions.</p> <p>All X-ray chemicals must be stored safely and disposed of in an appropriate manner.</p> <p>See BVA Good practice guide to handling veterinary waste for further information: <a href="http://bit.ly/1WfH1P6">http://bit.ly/1WfH1P6</a></p> <p>Advice of relevant local water authorities must be obtained and recorded unless all material is disposed of by a registered contractor. Silver traps may be used in accordance with guidance/approval from the relevant local water authority.</p>	Advice of water authority. 


5.1.15	Sufficient means of mechanical and chemical restraint must be provided for the range of species treated.	<p>Suitable drugs and equipment for anaesthesia or sedation must be available.</p> <p>As well as radiographic aids e.g. foot blocks, plate holders, rope halters and head stand.</p>	
5.1.16	There must be a system of personal dose monitoring for all persons entering the controlled area as agreed with the appointed RPA. Records must be maintained of the doses received for at least two years.	<p>The arrangements for personal dose monitoring must be made in consultation with the RPA. Any personal dose meters should normally be worn on the trunk. They must not be left inside a controlled area when not being worn and must be stored away from sources of ionising radiations and extremes of temperature. They must only be worn by the person to whom they are issued.</p> <p>Personal dose monitoring arrangements should include locum vets, nurses and horse owners.</p>	Dose monitoring records.


5.1.17	A record of all X-ray exposures, which contains a chronological record of the patient details, date, region radiographed, exposure factors and personnel involved, and the quality of the resultant radiograph; must be available/easily retrievable.	<p>The record must provide a permanent record of all X-ray exposures and identify the persons involved.</p> <p>Digital systems should also have a recording of exposures – not just to ensure the settings work but to record the personnel involved. If digital systems have a section for reporting the quality of images, this can be recorded there. Suitable back-up must be provided for any electronic records.</p> <p>An exposures guide should also be available. A chart or specific list of commonly used exposures is more accessible than an X-ray logbook and helps to reduce the number of incorrect exposures.</p> <p>If manual restraint is used, this should be highlighted on the record. Team members may be asked to retrieve an example exposure.</p> <p>Team members should be proficient in recognising film faults.</p>	X-ray record and exposure guide.
5.1.18	The practice has a written protocol in place for radiography away from the premises which has been approved by the RPA.		Written protocol for radiography away from the premises.
5.1.19	The practice must have a range of foot blocks and plate holding devices available.	These must be used so as to ensure that no part of any person is exposed to the primary beam.	
5.1.20	Written information sheets for owners holding horses in controlled areas must be provided, plus arrangements for dosimetry as agreed with the RPA.		




## Module 6: Infection Control and Biosecurity

## Core Standards

Point	Requirements	Guidance notes	Documents
6.1.1	The practice must have a biosecurity policy.	<p>The practice biosecurity policy should include requirements for personal hygiene, cleanliness of premises and equipment, cleanliness and disinfection of personal protective equipment and clothing, and cleanliness of vehicles. There should be a protocol for disinfection between patients. A 'barrier' should be created between clinical and non-clinical areas.</p> <p>Veterinary surgeons returning from calls should consider the cleanliness of their clothing.</p>	<p>Biosecurity policy.</p> 
6.1.2	The practice must have disinfection and/or sterilisation facilities suitable for the work undertaken. There must be adequate facilities for sterilisation, and a recognised method of sterilisation must be employed. The practice must provide an autoclave, vacuum or non-vacuum or other recognised sterilisation systems, for the effective sterilisation of instruments and equipment.		

6.1.3	For all autoclaves, and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.	<p>A Written Scheme of Examination must be titled as such, and must specify how and when the autoclave(s) must be inspected.</p> <p>Practices must also have a Certificate of Inspection under the regulations. It will be titled Certificate of Inspection under the Pressure Systems Safety Regulations (2000).</p> <p>Only pressure vessels over 250 bar litres are covered by the Pressure Systems Safety Regulations (2000). All autoclaves would come into this category and each would require both a Written Scheme of Examination and Certificate of Inspection. Dental machines are unlikely to work at such high pressure and so are usually exempt from the provisions. See HSE guidance on pressure systems for further information: <a href="http://bit.ly/1KwZekX">http://bit.ly/1KwZekX</a></p> <p>N.B. a service is not necessarily an inspection under the regulations, and a note of the last service is not a Written Scheme of Examination.</p> <p>A Written Scheme may be obtainable from the manufacturers.</p>	<p>Written Scheme of Examination for autoclave.</p> 
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6.1.4	Each clinical area must have facilities for safe disposal of sharps, hazardous and non-hazardous waste.	<p>This includes consulting rooms, prep rooms and practice vehicles.</p> <p>Team members should be trained in safe disposal.</p> <p>Needles should not be recapped after use and before disposal but should be placed directly into the sharps container.</p> <p>See the BVA Good Practice Guide to Handling Waste for further information: <a href="http://bit.ly/1WfH1P6">http://bit.ly/1WfH1P6</a></p>	
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6.1.5	The practice must provide designated accommodation for the isolation of infectious and zoonotic cases or have a written policy for dealing with such cases that is known to all team members.	<p>Where truly separate and self-contained isolation facilities are not available, there must be a detailed standard operating procedure (SOP) setting out how infectious cases are to be dealt with or referred elsewhere. Sending patients home is insufficient. Assessors will expect to see an SOP, which details the procedure for isolation and care of infectious cases. Either separate isolation facilities must be provided along with the SOP, or, if such facilities are not available, there must be a detailed SOP for isolation of infectious cases, including barrier nursing requirements.</p> <p>Team members must be trained to implement the SOP, which must include:</p> <ul style="list-style-type: none"> <li>- Details of waste disposal</li> <li>- Protective clothing to be worn</li> <li>- Disinfection of all utensils/equipment and accommodation</li> <li>- Designated persons to be responsible</li> <li>- Reference to COSHH</li> <li>- Health and Safety information pertaining to the risks of dangerous pathogens and zoonoses</li> <li>- Clear information regarding the demarcation of the isolation area</li> </ul>	<p>SOP for isolation.</p> 
6.1.6	Procedures must be in place to minimise cross-infection in all areas. Cleaning and disinfection materials must be readily available and used in all areas of the practice.	<p>Risk based disinfection of all clinical areas must be done between patients. This can include floor, equipment and hand touch areas such as doors, door handles and keyboards.</p> <p>Risk based deep cleans should be carried out as required.</p>	<p>Cleaning and disinfection schedules for all areas.</p>



6.1.7	Hand washing facilities must be available for all team members.	Separate hand washing facilities should be available for clinical and non-clinical teams where appropriate.	
6.1.8	Washing and disinfection facilities must be provided in areas where horses are accommodated.	<p>The expectation is that each area will have its own hand washing facilities.</p> <p>Hand sanitisers alone are not suitable.</p> <p>It is expected that team members will wash their hands between each patient.</p>	
6.1.9	Appropriate PPE must be readily available and used.	Disposable overalls (HAZMAT suit), gloves and overshoes should be available.	
6.1.10	Vehicles used for practice must be clean and well maintained. There must be clear segregation of clean and contaminated items and protective clothing and safe storage and transport of waste materials including sharps.	<p>There should be an SOP for the cleaning of vehicles. A log book should be used to record when cleaning has been carried out.</p> <p>A checklist should be used to record and monitor the contents of vehicles, and to ensure that stocks of equipment such as protective clothing and consumables are maintained.</p>	
6.1.11	Cleaning and disinfection materials must be readily available and used.		
6.1.12	Procedures must be in place to minimise cross-infection between patients for all equipment used.	All equipment should be cleaned before and after use.	SOP for cleaning and disinfection of equipment.

6.1.13	Where there are examination areas on site, there must be a hand washing sink in or immediately adjacent to the areas.		
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## Module 7: In-patients

For General Practice - Ambulatory accreditation there is no requirement to undertake this module.

### Core Standards

Point	Requirements	Guidance notes	Documents
7.1.1	A suitable range of bedding, feed stuffs and forage is available. Clean fresh water is available at all times.	This should include bedding for recumbent animals.  Arrangements for the disposal of soiled bedding must be in place.	
7.1.2	The practice must have a written policy for the overnight care of in-patients detailing who is responsible, frequency of checks etc.	The practice should demonstrate that provisions are made to ensure animal welfare where there are animals on site but no team members present.	Written policy for overnight care. 
7.1.3	The owners must be informed in writing of the level of overnight supervision during an overnight stay.	Clients must be made aware if someone is on the premises overnight, or if, not how often checks are made e.g. last thing at night/first thing in morning.  Remote supervision is acceptable.	Information for owners on level of overnight care. 
7.1.4	Any stable facilities should be compliant with the government Code of Practice for the Welfare of Horses.		
7.1.5	The area used for unloading, loading and examination of horses must be able to be secured to prevent escape of the patient.	It would be acceptable to tailgate into a building so long as the vehicle was driven right up to the building. If unloading takes place into an open car park, there must be a gate to close off the car park.	

7.1.6	There must be suitable provision for the storage and preparation of food.		
7.1.7	The practice must provide facilities and an adequate nursing team for the care of any in-patients.		



7.3.8	The practice must have the ability to undertake blood transfusions.	The team members should demonstrate they are trained to prepare, carry out and monitor patients undergoing transfusions. Consideration should be given to ethical sourcing of blood, blood typing and storage of blood and blood products.	
7.3.9	The practice must have the ability to provide 24 hour in-patient care including intensive care.		
7.3.10	Team members should have access to appropriately trained and experienced team members to provide advice and back-up at all times.	This is to ensure that inexperienced team members are not left to deal with complex cases especially out-of-hours.  Out-of-hours on call rotas may provide evidence.	
7.3.11	A person / persons (proportional to the caseload) directly responsible for the nursing care of in-patients must be within the curtilage of the site at all times.	There must be arrangements so that a veterinary surgeon, veterinary nurse or an adequately trained team member is present on the premises 24 hours a day, every day of the year.	
7.3.12	There must be a minimum of daily examination of all in-patients by a veterinary surgeon, which should be recorded on the patient records.		
7.3.13	Appropriately designed stocks are required on site.		
7.3.14	A dedicated trot-up area is required on site.	This must be level, firm and at least 25m long.	


7.3.15	A dedicated firm area for lunging horses is required.	<p>This area should be safe for horses to use, away from traffic, and not slippery.</p> <p>The surface should be level e.g. concrete, tarmac or compressed road planings/hardcore/chalk etc.</p> <p>This cannot be a public area.</p>	
7.3.16	An all-weather exercise area is available on site.	<p>This should be large enough to canter an average sized horse. As a guideline, this would be 20m x 30m.</p> <p>The area should be fenced. It should be made from a mixture of sand and fibre, rubber based surface or wood based surface, on a suitably drained base (a field or sand only surface would not be suitable because these can freeze and easily become water-logged).</p> <p>The arena should be regularly maintained so that the surface remains uniform.</p>	
7.3.17	A covered area suitable for farriery must be on site.		
7.3.18	A loading ramp is required.	The ability to unload emergency cases close to the examination/induction area is essential. This should be in a quiet secure area.	
7.3.19	There is a protocol / checklist in place to ensure that all relevant information is communicated at handover.		



## Module 8: Laboratory and Clinical Pathology


### Core Standards


If the practice does not have an in-house laboratory only requirements 1-13 apply.


Point	Requirements	Guidance notes	Documents
8.1.1	Where pathological samples are sent to external organisations, a suitable range of containers, envelopes and forms must be available.	<p>If a client's personal data will be collected with or connected to the samples from their animal, a consent form should be provided which will give clear information about how that data will be used, by whom and for what purpose(s). The form can ask for consent to the collection and processing of the data, or it may be more appropriate to rely on another legal basis, for example if it is necessary to process the data for compliance with a statutory obligation, to perform the contract with the client, to perform a task in the public interest, or possibly for the purposes of the veterinary surgeon's legitimate purposes. The form should make clear which basis is being relied on.</p> <p>For further information please refer to: <a href="http://bit.ly/2rXiaHs">http://bit.ly/2rXiaHs</a></p>	
8.1.2	<p>The practice identifies specimens with:</p> <ul style="list-style-type: none"> <li>- Patient ID</li> <li>- Date of collection</li> <li>- Tests required</li> <li>- Method of collection if applicable</li> </ul>		

	<ul style="list-style-type: none"> <li>- Location of sample</li> <li>- Nature of sample</li> </ul>		
8.1.3	There must be an SOP for the post and packaging of pathological samples which complies with current packaging regulations.	A copy of current postal and other carriers' requirements should be available.	SOP for post and packing. 
8.1.4	There must be adequate facilities for storage of specimens and reagents, including refrigeration, and disposal of waste materials.	It is acceptable for laboratory samples which are already securely packaged and in a separate closed box to be stored in the same fridge where vaccines and other medications are kept.	
8.1.5	PPE is available and used.		
8.1.6	The results of all laboratory tests must be stored so as to permit easy retrieval. Data must be stored safely in an easily retrievable form.	Team members may be asked to retrieve data.	
8.1.7	The practice has reference materials applicable to the tests carried out.		

8.1.8	<p>Adequate post-mortem facilities must be available or other arrangements made.</p> <p>Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcasses.</p> <p>There must be an SOP for external post-mortem examinations so that all staff know where to send specimens.</p>	<p>When conducting post-mortem examinations full consideration must be given to the health and safety issues. Adequate risk assessment and protocols need to be undertaken and consideration must be given to the provision of suitable protective clothing to guard against zoonoses and spread of infection.</p> <p>Adequate health and safety procedures must be in place if post-mortem examinations are conducted on site.</p>	<p>Risk assessment for post-mortems.</p> 
8.1.9	<p>When making arrangements for a post-mortem examination the practice must ensure that clients are made aware of the level of procedure being undertaken.</p>	<p>The practice must ensure that clients are made aware whether or not an autopsy will involve a full pathological examination with detailed autopsy and tissue sampling, as well as the costs involved and whether post-mortem is carried out by the same practice group or otherwise.</p>	
8.1.10	<p>The practice has a system in place to ensure suspected notifiable diseases are reported to the appropriate authority.</p>		<p>Protocol for reporting of notifiable diseases.</p> 

8.1.11	Where a potential zoonotic agent is suspected, protocols for control of spread are followed.	<p>Adequate risk assessment and protocols need to be undertaken and consideration must be given to the use of active filtered air extraction and the provision of suitable additional adequate protective clothing, e.g. use of glove boxes or similar, to guard against zoonoses.</p> <p>Team members, clients and statutory authorities are informed.</p>	<p>Risk assessment for zoonoses.</p> 
8.1.12	The practice has designated resources e.g. books, manuals etc. that identify external laboratory tests available to the practice team.		
8.1.13	The practice has a log or system for tracking for samples sent to outside laboratories to ensure results are received and reviewed by a veterinary surgeon, conveyed to the client and archived.	<p>The log should include:</p> <ul style="list-style-type: none"> <li>- Patient ID</li> <li>- Date of sample collection</li> <li>- ID of outside laboratory</li> <li>- Tests ordered</li> <li>- ID of practice team member requesting test</li> <li>- Date results received</li> <li>- Date of client notification</li> <li>- ID of practice team member informing client</li> </ul> <p>Test requests should be tracked so that arrival or non-arrival of results can be flagged and followed up as appropriate.</p>	Log.

8.1.14	The laboratory procedures must be performed in a clean and tidy designated area used specifically for that purpose.	The designated area does not have to be a separate room and may, for example, be part of the dispensary or the preparation area. However, the designated area/bench must be clearly used only for laboratory purposes.	
8.1.15	Only trained personnel perform laboratory tests.	<p>Evidence must be provided of training or CPD for team members in use of all equipment. A list of persons trained in handling laboratory specimens and in the risk of laboratory work must be kept.</p> <p>The practice must have a system in place to know where to send the samples for suitable testing.</p>	<p>List of persons trained in lab work.</p>  <p>Training records.</p>
8.1.16	<p>The laboratory has:</p> <ul style="list-style-type: none"> <li>- Adequate space for performance of tests</li> <li>- Adequate space for storage of reagents</li> <li>- Surfaces which permit efficient handling of specimens</li> <li>- Adequate space for equipment</li> <li>- Countertops and sinks of suitable construction</li> <li>- Adequate heating and lighting</li> <li>- Adequate electrical circuits and outlets</li> <li>- Adequate facilities for hand washing</li> </ul>	<p>The designated area does not have to be a separate room and may, for example, be part of the dispensary or the preparation area. However, the designated area/bench must be clearly used only for laboratory purposes and must be made of impervious material.</p> <p>There must be a sink in the laboratory area or a sink accessible to team members without touching door handles. There must be an SOP in place for accessing hand washing facilities in an adjacent room if none is available in the laboratory.</p>	


8.1.17	The in-house laboratory has a log or system for tracking to ensure results are received and reviewed by a veterinary surgeon, conveyed to the client and archived.	<p>The log should include:</p> <ul style="list-style-type: none"> <li>- Patient ID</li> <li>- Date of sample collection</li> <li>- Time of sample collection</li> <li>- Tests ordered</li> <li>- ID of practice team member requesting test</li> <li>- Date results received</li> <li>- Date of client notification</li> <li>- ID of practice team member informing client</li> </ul> <p>Test requests should be tracked so that arrival or non-arrival of results can be flagged and followed up as appropriate.</p>	Log.
8.1.18	Equipment is used and maintained according to manufacturers' instructions and this is recorded.		<p>Equipment maintenance records.</p> 
8.1.19	There must be suitable arrangements for quality control of automated practice laboratory tests.	Periodic controls as per the manufacturer's instructions to test the machine is running correctly and is calibrated correctly, the results documented and acted upon where necessary.	
8.1.20	Reagents are stored according to manufacturers' instructions.		
8.1.21	The practice disposes of test kits and reagents upon expiration in the correct manner.		



8.1.22	Reference range values are available for each species commonly dealt with by the practice.		Reference ranges.
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## Module 9: Medicines

### Core Standards

Point	Requirements	Guidance notes	Documents
9.1.1	The dispensary must be operated in accordance with the Veterinary Medicines Regulations (VMR).	BVA Good Practice Guide on Veterinary Medicines or BSAVA Guide to the use of Veterinary Medicines, or similar may provide further information in addition to the VMD's Veterinary Medicines Guidance Notes.	
9.1.2	A record of premises and other places where medicines are stored or kept must be available.	A means of recording the transfer of VMPs to other premises, stores or vehicles should be implemented to ensure traceability and enable stock reconciliation.	Record of premises where medicines are stored. 
9.1.3	All medicinal products must be stored in a clean and tidy location in accordance with manufacturers' recommendations and appropriate records kept.	All VMPs should be stored on appropriate and secure shelving; in such a way as to be protected from adverse effects of light, temperature extremes and moisture. It is acceptable for small quantities of drugs to be in consulting rooms for use during consultation. These should be kept to a minimum and should be in drawers/cupboards. POM-Vs should be placed out of sight in closed cupboards (not glass-fronted) or drawers, but there is no requirement for cupboards to be locked.	

9.1.4	<p>Medicines must not be available for self-service except those with a category of AVM-GSL.</p> <p>POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public.</p>	<p>The advertising of POM-V and POM-VPS products may only be aimed at appropriate persons, which do not include the general public. This includes adverts on websites, brochures and those displayed in retail areas to which the general public have access.</p>	
9.1.5	<p>Accurate records of POM-V and POM-VPS medicines received and supplied must be kept.</p>	<p>See VMD guidance, Record keeping requirements for veterinary medicines: <a href="http://bit.ly/1PYL513">http://bit.ly/1PYL513</a></p> <p>Records for POM-V or POM-VPS medicines must include:</p> <ul style="list-style-type: none"> <li>- The date</li> <li>- The name of the veterinary medicinal product</li> <li>- The batch number (except that, in the case of a product for a non-food-producing animal, this need only be recorded either on the date of receipt of the batch or the date a veterinary medicinal product from the batch is first supplied)</li> <li>- The quantity</li> <li>- The name and address of the supplier or recipient</li> <li>- If there is a written prescription, the name and address of the person who wrote the prescription and a copy of the prescription</li> </ul> <p>Records must be kept for 5 years.</p>	<p><u>Medicines records.</u></p>

9.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).	<p>There must be proper monitoring and recording of maximum and minimum temperatures wherever medicines are stored, and where temperatures have been recorded outside the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected medicines. Consideration should be given to the use of alarms to indicate when temperatures stray out of set parameters.</p> <p>Data loggers and maximum/minimum thermometers will provide constant monitoring. However, for those without an alarm to warn of temperature deviations, and for maximum/minimum thermometers, checks are required to be made daily and assessors will ask to see written records, produced on a weekly basis, showing the results for the week.</p> <p>Ideally temperature sensitive medicines should only be taken out in vehicles on a “by use” basis, but whether being stored or transported, measures should be taken to ensure that products remain within the temperature range specified on their SPC e.g. by use of a cool box or refrigerated unit. The suitability of such measures should be demonstrated.</p>	
9.1.7	If it is stipulated that a medicine be used within a specific time period, it must be labelled with the opening date or use by date, once broached.	Medicines should be checked on a regular basis to ensure they are within the specific time period, and they should be disposed of if this has been exceeded.	
9.1.8	Records of medicines administered to food-producing animals must include batch numbers.	Records of products administered to food-producing animals by a veterinary surgeon:	Medicines records.

		<p>A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter:</p> <ul style="list-style-type: none"> <li>- Name of the veterinary surgeon</li> <li>- Name of the product and the batch number</li> <li>- Date of administration of the product</li> <li>- Amount of product administered</li> <li>- Identification of the animals treated</li> <li>- Withdrawal period</li> </ul> <p>Records of products administered to food-producing animals under the Cascade:</p> <p>A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record:</p> <ul style="list-style-type: none"> <li>- Date of examination of the animal(s)</li> <li>- Name and address of the owner of the animal(s)</li> <li>- Identification and number of animals treated</li> <li>- Result of the veterinary surgeon's clinical assessment</li> <li>- Trade name of the product if there is one</li> <li>- Manufacturer's batch number shown on the product, if there is one</li> <li>- Name and quantity of the active substances</li> <li>- Doses administered or supplied</li> <li>- Duration of treatment</li> <li>- Withdrawal period</li> </ul>	
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		When a whole herd/flock is treated with a medicine, it is acceptable to record “whole herd” or “whole flock” rather than every individual animal’s number.	
9.1.9	<p>An adequate supply of medicines and materials used in the treatment of patients must be readily available.</p> <p>There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation.</p>	Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.	
9.1.10	At least once a year a detailed audit should be carried out and incoming and outgoing medicines reconciled with medicines held in stock and any discrepancies recorded.	A practice must be able to demonstrate to assessors the ability to carry out a detailed audit as clarified by the VMD. In addition, assessors will ask to see a full audit and reconciliation of all Schedule 2 controlled drugs i.e. the Register.	Controlled Drug audit records.
9.1.11	Medicines should be disposed of in accordance with the current legislation.	<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.</p> <p>Authorised witnesses include:</p> <ul style="list-style-type: none"> <li>- Assessors appointed under regulation 33 of the Veterinary Medicines Regulations</li> <li>- 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</li> </ul>	

		<p>- 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: <a href="http://bit.ly/1DNgZNd">http://bit.ly/1DNgZNd</a></p> <p>A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity.</p> <p>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.</p> <p>Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed.</p> <p>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: <a href="http://bit.ly/2CnxRhV">http://bit.ly/2CnxRhV</a></p>	
9.1.12	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>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 advisable that all Schedule 3 drugs are 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.</p> <p>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</p>	
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		locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: <a href="http://bit.ly/1KYuc7h">http://bit.ly/1KYuc7h</a>	
9.1.13	If Controlled Drugs are kept, these must be recorded according to current legislation.	<p>A register of such drugs obtained, supplied and used must be kept in accordance with the Misuse of Drugs Act 1971 (and the Misuse of Drugs Regulations 2001, as amended).</p> <p>Schedule 2: Record all purchases and each individual supply (within 24 hours). Registers must be kept for two calendar years after the last entry.</p> <p>Schedule 3, 4 and 5: No requirement for recording in Register but invoices must be retained for 5 years.</p> <p>A Register should be kept for each Controlled Drug) and prescriptions against which supplies of Controlled Drugs of Schedule 2 and 3 have been made, to confirm in particular:</p> <ul style="list-style-type: none"> <li>- That appropriate records are kept</li> <li>- That any out-of-date Controlled Drugs have been destroyed by an authorised person</li> </ul> <p>For supplies of Controlled Drugs of Schedules 2 and 3, against other veterinary surgeon's prescriptions:</p> <ul style="list-style-type: none"> <li>- The prescriptions have been retained at least two years</li> <li>- The date on which the supply was made is marked on the retained prescriptions</li> <li>- The supply of Controlled Drugs was made within 28 days of the appropriate date on the prescription (also for supplies of Controlled Drugs of Schedule 4)</li> </ul>	<u>Controlled Drugs register.</u>


		<ul style="list-style-type: none"> <li>- The name of the person who collected the Controlled Drugs is recorded in the Controlled Drugs Register (for Controlled Drugs of Schedule 2 only)</li> </ul> <p>An example of a Controlled Drugs Register which details the information that needs to be recorded can be found at:  <a href="http://bit.ly/1HITobl">http://bit.ly/1HITobl</a></p>	
9.1.14	The practice must carry out a full audit and reconciliation of all Schedule 2 Controlled Drugs. There must be SOPs for storage and recording of Controlled Drugs.	<p>It is expected that running totals will be kept and checks against stock carried out at least weekly.</p> <p>It is considered good practice to have a written SOP setting out who is authorised to access the Controlled Drugs cabinet and for what purposes. The SOP may also cover ordering (requisition), receipt, supply and disposal of Controlled Drugs as well as the regular changing of codes if a keypad safe is used.</p> <p>The SOPs should include details of:</p> <ul style="list-style-type: none"> <li>- Who has access to Controlled Drugs</li> <li>- Who is responsible for checking stock against the Register</li> <li>- Who to alert in the event of a discrepancy</li> </ul>	<p>Controlled Drug SOPs.</p> 


9.1.15	Medicines must be prescribed and supplied according to current legislation.	<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 <i>RCVS Code of Professional Conduct</i>: <a href="http://bit.ly/1MgalPI">http://bit.ly/1MgalPI</a></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>Medicated feeding stuffs containing POM-V medicines may only be prescribed by a veterinary surgeon. A veterinary surgeon or SQP may prescribe a feeding stuff containing a POM-VPS medicine. Additional approval as a Distributor is required to supply medicated feeding stuffs. For further information please refer to VMD guidance regarding manufacturing and supplying veterinary medicines for animal feed: <a href="http://bit.ly/1JW38Fn">http://bit.ly/1JW38Fn</a></p>	
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		<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"> <li>- Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet</li> <li>- Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)</li> </ul>	
9.1.16	<p>If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he or she must:</p> <ul style="list-style-type: none"> <li>- Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contraindications on the label or package leaflet</li> <li>- Not prescribe more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)</li> </ul>	<p>Use of the BVA prescription form is recommended.</p> <p>Copies of written prescription forms must be available for the assessor to view.</p>	
9.1.17	<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"> <li>- Authorise each transaction individually before the medicine is supplied</li> <li>- Be satisfied that the person handing it over is competent to do so</li> </ul>	<p>A veterinary surgeon could meet the requirement to authorise each transaction by:</p> <ul style="list-style-type: none"> <li>- Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine</li> <li>- Making a note on a client's record that repeat prescriptions could be supplied to the client</li> <li>- A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied</li> <li>- In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply</li> </ul>	

		Note: A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines.	
9.1.18	<p>If a veterinary surgeon or SQP supplies an NFA-VPS they must:</p> <ul style="list-style-type: none"> <li>- Be satisfied that the person who will use the medicine will do so safely, and intends to use it for the purpose for which it is authorised</li> <li>- Each time the medicine is supplied, advise on its safe administration and on any warnings or contra -indications on the label or package leaflet</li> <li>- Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3, paragraph 7 of the VMR)</li> </ul>	In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS.	
9.1.20	All containers and outer packs dispensed by the practice must be legibly and indelibly labelled with sufficient information.	<p>Medicines other than POM-Vs:</p> <p>All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine.</p> <p>POM-V:</p> <p>All POM-V medicines supplied by the practice must be labelled with the following information:</p> <ul style="list-style-type: none"> <li>- The name and address of the animal owner</li> </ul>	

		<ul style="list-style-type: none"> <li>- The name and address of the veterinary practice supplying the medicine</li> <li>- The date of supply</li> <li>- The words “keep out of the reach of children”</li> <li>- The words “for animal treatment only” unless the package or container is too small for it to be practicable to do so</li> <li>- The words “for external use only” for topical preparations</li> <li>- The name and quantity of the product, its strength and directions for use</li> </ul> <p>Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information:</p> <ul style="list-style-type: none"> <li>- Identification (including species) of the animal or group of animals</li> <li>- Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual</li> </ul> <p>And unless already specified on the manufacturer’s packaging:</p> <ul style="list-style-type: none"> <li>- Any special precautions</li> <li>- The expiry date</li> <li>- Any necessary warnings for the user, target species, administration or disposal of the product</li> <li>- A specified withdrawal period</li> </ul>	
9.1.21	Veterinary medicinal products must be supplied in appropriate containers.	<p>For loose tablets, gloves must be worn when handling. Loose tablets and capsules must be dispensed in crush-proof and moisture-proof containers. Sachets and manufacturers’ strip or blister pack medicines should be dispensed in paperboard cartons, wallets or paper envelopes.</p>	


		<p>A veterinary surgeon may break open any package containing a VMP. Where VMPs are supplied in a container other than that specified in the MA, the veterinary surgeon must ensure that the container is suitably labelled and must supply sufficient written information to enable the product to be used safely e.g. a copy of the SPC or package leaflet can be provided, or appropriate information such as usage instructions, warnings and contraindications can be included on the dispensing label.</p>	
9.1.22	Practices must make clients aware that they can request a prescription.	<p>Advise clients, by means of a large and prominently displayed sign or signs (in the waiting room or other appropriate area), with reference to the following:</p> <ul style="list-style-type: none"> <li>- "Prescriptions are available from this practice."</li> <li>- "You may obtain Prescription Only Medicines Veterinary, (POM-Vs) from your veterinary surgeon OR ask for a prescription and obtain these medicines from another veterinary surgeon or a pharmacy."</li> <li>- "Your veterinary surgeon may prescribe POM-Vs only for animals under their care."</li> <li>- "A prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary."</li> <li>- "You will be informed, on request, of the price of any medicine that may be dispensed for your animal."</li> <li>- "The general policy of this practice is to re-assess an animal requiring repeat prescriptions every [xx] months, but this may vary with individual circumstances. The standard charge for a re-examination is £ [xx]."</li> <li>- "Further information on the prices of medicines is available on request."</li> </ul>	<p>Copy of notice and information for new clients.</p> 


		<p>The practice should provide new clients with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter or terms of business document.</p> <p>On a continuing basis, the practice should take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter. Reasonable steps may include a combination of practice leaflets, client letters, and information on practice websites.</p>	
9.1.23	The practice must provide the price of any relevant veterinary medicinal product stocked or sold, to clients or other legitimate enquirers making reasonable requests.	<p>If requested, the practice must inform clients of the price of any medicine to be prescribed or dispensed. Where possible and relevant, inform clients of the frequency and charges regarding further examinations of animals requiring repeat prescriptions.</p> <p>Provide clients with an invoice that distinguishes the price of relevant veterinary medicinal products from other charges and, where practicable, provide clients with an invoice that distinguishes the price of individual relevant veterinary medicinal products.</p>	
9.1.24	Medicines must be used in accordance with the legislation commonly referred to as the Cascade.	<p>Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected.</p> <p>Human generic preparations must not be used other than under Veterinary Medicines Guidance Note The Cascade: Prescribing unauthorised medicines which allows for the welfare of animals to be a primary consideration in the choice of treatment:</p>	<p>Protocol for unauthorised medicine use.</p> 



		<p><a href="http://bit.ly/1M7S8gy">http://bit.ly/1M7S8gy</a>. BEVA: The Cascade in Equine practice: <a href="http://bit.ly/2fBAWjW">http://bit.ly/2fBAWjW</a>.</p> <p>If there is no suitable authorised veterinary medicinal product in the United Kingdom for a condition in a particular species, in order to avoid unacceptable suffering veterinary surgeons may exercise their clinical judgement according to the “Cascade”, whereby they select in the following order:</p> <ol style="list-style-type: none"> <li>1. A veterinary medicinal product authorised in the United Kingdom for use with another animal species, or for another condition in the same species</li> </ol> <p>If, and only if, there is no such product that is suitable, either:</p> <ol style="list-style-type: none"> <li>2. A medicinal product authorised in the United Kingdom for human use or</li> <li>3. A veterinary medicinal product not authorised in the United Kingdom but authorised in another European Member State for use with any animal species (in the case of a food-producing animal, it must be a food-producing species) (see Special Import Certificate VMD Guidance Note)</li> <li>4. If, and only if, there is no such product that is suitable, a veterinary medicinal product prepared extemporaneously by a pharmacist, a veterinary surgeon or a person holding a manufacturing authorisation authorising the manufacture of that type of product</li> <li>5. If a veterinary surgeon considers that there is not a suitable veterinary medicinal product authorised in the UK or another EU Member state to treat a condition then it is possible to apply for a Special Treatment Certificate (STC) to import a suitable authorised product from outside the UK. A STC will not be issued if a suitable product is authorised and available in the UK or in another EU Member State</li> </ol>	
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9.1.25	Consent for products supplied under the Cascade is required.	<p>Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected.</p> <p>It is not acceptable to use an all embracing “general” lifelong consent for any and all off-label products that might be given to any animal.</p> <p>Specific consent needs to be obtained for each unauthorised medicine used, however it is acceptable where there is a specific ongoing condition requiring unauthorised medicine for a lifelong consent form to be used for that particular medicine in that particular animal. Similarly in the case of exotics where there are no licensed products available, it is acceptable to use lifetime consent.</p> <p>Assessors will ask to see completed off-label forms not just that a stock of blank forms is held.</p> <p>Copies of prescriptions must be available for the assessor to view.</p> <p>The VDS can supply a suitable template for these consent forms: <a href="http://bit.ly/1Pnu6FX">http://bit.ly/1Pnu6FX</a></p>	Completed consent forms.
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9.1.26	A suspected adverse event or lack of efficacy to a veterinary medicine must be reported promptly to the VMD and/or manufacturer.	A protocol is required that recognises when the use of adverse event reporting is necessary. This should be noted on the clinical records. Reporting forms are available on the VMD's website: <a href="http://bit.ly/1DNggVE">http://bit.ly/1DNggVE</a>	<u>Protocol for suspected adverse event reporting.</u> 
9.1.27	No wholesale dealing must take place of medicines unless the practice holds an appropriate Wholesale Dealers Authorisation (WDA).	Emergency supply of medicines to another practice would be permitted.	
9.1.28	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>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: <a href="http://bit.ly/1INle6Z">http://bit.ly/1INle6Z</a> as well as their antimicrobials poster for use in practice: <a href="http://bit.ly/1iIN5jK">http://bit.ly/1iIN5jK</a></p> <p>The BSAVA also provides advice on the responsible use of antimicrobials: <a href="http://bit.ly/2e5GX7g">http://bit.ly/2e5GX7g</a></p> <p>BEVA provides its own antimicrobials guidance: <a href="http://bit.ly/2fiPNys">http://bit.ly/2fiPNys</a></p>	

9.1.29	For medicines requiring special handling e.g. cytotoxic/cytostatic/certain hormones the practice has in place SOPs for their storage, administration and disposal.	<p>The RCVS provides guidance for chemotherapy drugs. See Chapter 4, point 4.39 of the supporting guidance to the <i>RCVS Code of Professional Conduct</i>: <a href="http://bit.ly/1MqalPI">http://bit.ly/1MqalPI</a></p> <p>Practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: <a href="http://bit.ly/1WfH1P6">http://bit.ly/1WfH1P6</a></p>	<p>SOP for cytotoxic medicine use.</p> 
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## Module 10: Medical Records

### Core Standards

Point	Requirements	Guidance notes	Documents
10.1.1	The practice must maintain an efficient system of documenting and filing clinical records and comply with the Data Protection Act.	<p>See chapter 13 in the supporting guidance for the <i>RCVS Code of Professional Conduct</i>: <a href="https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/">https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/</a>.</p> <p>The GDPR is important because it increases the regulatory burden and obligations on organisations and strengthens the rights of individuals. Practices should make themselves aware of their obligations under the GDPR.</p> <p>'GDPR - RCVS information and Q&amp;As' can be downloaded from the RCVS website at: <a href="http://bit.ly/2IBYIKX">http://bit.ly/2IBYIKX</a></p> <p>We would also like to draw your attention to the RCVS supplementary guidance on this area as GDPR arises in a variety of different aspects of practice. Please refer to this link for supplementary guidance: <a href="http://bit.ly/2rXiaHs">http://bit.ly/2rXiaHs</a></p> <p>For retention of clinical records, we do not specify a period for retention but would highlight that the indemnity insurers have historically advised such records are retained for seven years (six years is the maximum limitation period for most civil claims, plus one</p>	

		<p>year). Practices will be aware that record-keeping requirements for veterinary medical products are set out within the Veterinary Medicines Regulations. Furthermore, records for the retail supply (incl. administration) of POM-V and POM-VPS medicines must be kept for five years. If the personal data you hold is no longer necessary for the specified purpose, then you should either delete it altogether or anonymise the information that would identify the person in question. If in doubt speak to the ICO and your professional indemnity insurer.</p> <p>Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt <a href="http://bit.ly/2ke4QKz">http://bit.ly/2ke4QKz</a>), and explain what personal data is collected and what is done with it. Organisations are also required to pay a notification fee, based on their size which is currently £35 to £500. Under GDPR there is no longer be a requirement to notify the ICO in this way, however there will still be a legal requirement for data controllers to pay the ICO the data protection fee outlined above.</p>	
10.1.2	Records must be maintained for each animal or group. There must be adequate back-up for computerised records.		
10.1.3	Records must be maintained so that any veterinary surgeon coming into the practice may, by reading the records, be able to proceed with the continuity of care of the patient.	<p>Clinical and client records should include details of examination, treatment administered, procedures undertaken, medication prescribed and/or supplied, the results of any diagnostic or laboratory tests (including, for example, radiograph, ultrasound or electrocardiogram images or scans), provisional or confirmed diagnoses, and advice given to the client (whether over the telephone or in person). They should also include outline plans for future treatment or investigations, details of proposed follow-up care</p>	

		<p>or advice, notes of telephone conversations, fee estimates or quotations, consents given or withheld, contact details and any recommendations or discussion about referral or re-direction.</p> <p>The utmost care is essential in writing records or recording a client's personal details to ensure that they are clear, legible, accurate and appropriately detailed. Clinical and client records should be objective and factual, and veterinary surgeons and veterinary nurses should avoid making personal observations or assumptions about a client's motivation, financial circumstances or other matters.</p>	
10.1.4	Before any diagnostic or surgical procedure is performed on an animal, informed consent must be obtained.	<p>Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable diagnostic and treatment options, (including euthanasia), with associated fee estimates and had the significance and main risks explained to them e.g. record of verbal discussion or consent forms. For non-urgent procedures, the consent discussion should take place in advance of the day of the treatment/procedure where possible.</p> <p>Further guidance on informed consent is available from the RCVS website: <a href="http://bit.ly/2qVzqfG">http://bit.ly/2qVzqfG</a></p> <p>It is recognised that in an emergency it may be necessary to perform procedures without prior consent.</p>	

10.1.5	Likely charges must be discussed with clients and updated as necessary.	<p>Discussion should take place with the client covering a range of diagnostic and treatment options and prognoses (including euthanasia), and the likely charges (including ancillary or associated charges, such as those for medicines/anaesthetics and likely post-operative care) so as to ensure that the client is in a position to give informed consent.</p> <p>The practice must be able to provide written financial estimates on request and an agreement on any financial limits. The practice should be able to demonstrate procedures in place to update and inform clients of ongoing costs. This is particularly important when ongoing costs are about to exceed the previously agreed estimate.</p>	
10.1.6	Itemised invoices must be available at the request of the client.	Itemised invoices may be produced by computer or manually; they must include a breakdown of services, drugs and consumables, VAT and any surcharges.	Itemised invoices.
10.1.7	At the request of a client or veterinary surgeon, copies of any relevant clinical and client records and similar documents including results of imaging, must be provided within a reasonable period.	<p>See chapter 13 in the supporting guidance for the <i>RCVS Code of Professional Conduct</i>: <a href="https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/">https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/</a>.</p> <p>Veterinary surgeons must keep clear, accurate and detailed clinical and client records.</p> <p>Team members must be aware of the requirements of relevant General Data Protection Regulations.</p>	



10.1.8	Any alterations or corrections to clinical records whether written or electronic are clearly recorded in an audit trail.	If clinical records are altered after initial entry, the changes must be logged (date and time, and by whom).	
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10.1.9	<p>Veterinary surgeons are aware of their professional obligations in relation to their communications with each other and when sharing or taking over care of a patient.</p>	<p>When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined.</p> <p>Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines.</p> <p>Even where two veterinary surgeons are treating different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work.</p> <p>See Chapter 5 in the supporting guidance for the <i>RCVS Code of Professional Conduct</i> for further information: <a href="http://bit.ly/1LaRCay">http://bit.ly/1LaRCay</a></p>	
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## Module 11: Nursing

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### Core Standards

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

## Module 12: Out-of-hours

### Core Standards

Point	Requirements	Guidance notes	Documents
12.1.1	Practices must take steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours. For referral practices, this must include 24-hour availability in all disciplines, or they should, by prior arrangement, direct referring veterinary surgeons to an alternative source of appropriate assistance.	See Chapter 3 in the supporting guidance to the <i>RCVS Code of Professional Conduct</i> for further information: <a href="http://bit.ly/1J80rzD">http://bit.ly/1J80rzD</a>  Veterinary practices taking steps to provide emergency first aid and pain relief for animals should provide protocols for on-duty veterinary surgeons.	
12.1.2	Practices should facilitate the provision of first aid and pain relief to species not normally covered.	See Chapter 3 in the supporting guidance to the <i>RCVS Code of Professional Conduct</i> for further information: <a href="http://bit.ly/1J80rzD">http://bit.ly/1J80rzD</a>  Practices must demonstrate availability of information for species/cases outside of their competencies is available to on duty veterinary surgeons.	
12.1.3	Practices must make provision to attend cases away from the practice premises on the occasions when in the veterinary surgeon's professional judgement it is deemed necessary.	See Chapter 3 in the supporting guidance to the <i>RCVS Code of Professional Conduct</i> for further information: <a href="http://bit.ly/1J80rzD">http://bit.ly/1J80rzD</a>  Practices should be able to provide advice on animal ambulance and taxi services willing to transport animals outside normal working hours, any veterinary back-up, details of relevant equipment and local contacts, and information on the provision of other 24-hour emergency services in the local area.	List of Animal ambulance and other transport contacts.



12.1.4	It is acceptable for clients' initial contact to be with an automated or remote device such as an answering machine used to give a duty telephone number.	Where non veterinary surgeons answer the phone the practice must demonstrate the provisions for contacting the duty veterinary surgeon.	
12.1.5	Ideally informed consent and discussion of costs should precede treatment however in acute emergencies immediate first aid and pain relief should not be delayed.	Team members are aware of practice protocols in the case of acute emergencies.	Protocol for emergency consultations/vi sits. 
12.1.6	When covering for another practice or providing out-of-hours services a written agreement must be entered into, including a protocol for handover of cases.		Copy of written agreement with OOH provider. 
12.1.7	Practices should inform all clients of their out-of-hours (OOH) arrangements.	<p>Clients should be provided with information at initial registration on the emergency service, including relevant telephone numbers, location details and the likely initial costs of a consultation.</p> <p>Written duty rota or formal written arrangement with an alternative veterinary surgeon/practice and by what means the practice informs clients of the out-of-hours arrangements.</p> <p>Assessors may interview clients as to how they are informed of OOH arrangements.</p>	<p>Client information on out-of-hours arrangements.</p> 
12.1.8	Proper safety precautions must be taken for team members on duty at night. An appropriate protocol for dealing with night-time callers	See Chapter 3 of the supporting guidance for the <i>RCVS Code of Professional Conduct</i> for further information: <a href="http://bit.ly/1J80rzD">http://bit.ly/1J80rzD</a>	Protocol for night callers and lone working.

	must be in place. Suitable means must be available to enable team members to call for immediate assistance when necessary.		
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## Module 13: Out-patients (Ambulatory)

### Core Standards

Point	Requirements	Guidance notes	Documents
13.1.1	Vehicles routinely used by the practice must be clean, tidy and well maintained and equipped sufficiently to enable procedures to be performed at the client's premises.	Assessors will view as many vehicles as practicable (ideally 50% of all vehicles) to be reasonably sure that this standard is met. It would be acceptable for a visit box to be moved between vehicles.	
13.1.2	Consulting areas, whether mobile or static, should be assessed for suitability for the procedure to be undertaken.	A dynamic risk assessment must be performed to assess the suitability of the area.	
13.1.3	Appropriate equipment should be available to undertake intended or advertised procedures.	For example, equipment should be available in vehicles for clinical exams, auscultation, ophthalmology, blood sampling, rectal exam, oral exam etc.	
13.1.4	Contaminated items, waste materials (including sharps) should be transported and disposed of according to regulations.	See Infection Control Module, Core Standards Requirement 6.1.1 regarding biosecurity policy and Practice Team Module, Core Standards requirement 15.1.33 regarding waste management. See also and BVA Good Practice Guide to handling veterinary waste: <a href="http://bit.ly/1WfH1P6">http://bit.ly/1WfH1P6</a>	
13.1.5	If mobile phones have to be used whilst driving vehicles, a hands free set must be available.	Hands free kits should not encourage mobile communication whilst driving.	

13.1.6	Equipment should be stowed so as not to risk accident or injury.		
13.1.7	The practice must have a means of estimating or establishing the weight of horses.	Weight should be determined as accurately as possible e.g. scales or standard weight charts.	
13.1.8	Appropriate PPE must be readily available and used.	Dedicated clean clothing should be used for consulting and changed as required. Gloves and aprons must be readily available and used where appropriate e.g. hard hat, (protective) sturdy footwear, gloves, appropriate outer clothing.	
13.1.9	Team members must be adequately trained in animal handling.	This could include an adjustable rope halter, different sizes of head collars, twitch, and human safety awareness.	Induction/ training records.
13.1.10	[requirement deleted]	[requirement deleted]	[requirement deleted]
13.1.11	A protocol must be in place for the referral of appropriate cases 24 hours a day e.g. acute colic, dystocia, severe trauma, fractures, etc.		Protocol for referral. 
13.1.12	When covering for another practice or providing out-of-hours services a written agreement must be entered into, including a protocol for handover of cases.		Written agreement with practice. 



13.1.13	All vehicles should contain a clinical waste area and sharps bin.		
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## Module 14: Pain Management and Welfare





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### Core Standards

Point	Requirements	Guidance notes	Documents
14.1.1	Pain is routinely assessed and appropriate analgesia provided.	See <i>RCVS Code of Professional Conduct</i> Guidance note 3 for further information: <a href="http://bit.ly/1J80rzD">http://bit.ly/1J80rzD</a>	


## Module 15: Practice Team

### Core Standards



Point	Requirements	Guidance notes	Documents
15.1.1	All veterinary surgeons and veterinary nurses working in the practice must currently be registered with the RCVS.	RCVS registration numbers for veterinary surgeons and veterinary nurses should be pre-submitted before assessment. This should include locums.	List of team with RCVS numbers. 
15.1.2	All veterinary surgeons and RVN/REVN employed by the practice have professional indemnity insurance in place.		Copy of indemnity insurance certificate. 
15.1.3	The practice must have employers' liability insurance.	The certificate must be displayed for all team members to see.	Employer's liability insurance certificate. 
15.1.4	The practice must have public liability insurance.		Public liability insurance certificate. 

15.1.5	Written statement of the main terms and conditions of employment or a contract containing the same information are provided to team members.	Within two months of commencement of employment.	Written statement or contract.
15.1.6	Team members are clear what their role responsibilities are.	<p>Team members can describe what they are responsible for and what is expected of them.</p> <p>It may be useful to support this with a recorded list of responsibilities. This should be reviewed annually.</p>	
15.1.7	Clinical team members are supported with regular reviews to plan their professional development.	<p>Team members can describe the plans that have been agreed for their development and how they discuss their progress.</p> <p>We would expect this to occur as appropriate to the individual but at least annually.</p>	
15.1.8	All professional team members must comply with the RCVS requirements for CPD.	<p>Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. This would ideally be recorded using the RCVS online CPD platform (use of the platform will be mandatory from 2022).</p> <p>The assessor will ask to see the CPD records of all the veterinary surgeons and veterinary nurses showing the details of CPD undertaken. This must provide evidence that at least the minimum CPD recommended by the RCVS is being undertaken.</p> <p>For veterinary surgeons, the minimum requirement is 35 hours per calendar year. For registered veterinary nurses the requirement is 15 hours per calendar year. The practice team includes full-time and part-time employees, as well as locums, visiting consultants and others supplying veterinary services on a regular or 'ad hoc' basis.</p>	<p>CPD records.</p> 

		<p>New graduates are expected to complete PDP. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor.</p> <p>The PDP mentor should have undergone mentor training and should keep this training up to date by undertaking a one day course given by a course provider (or 5 hours in length if self-study or webinar is undertaken) per year, in any year that the member is mentoring a new graduate. The practice should allow the mentor time to support the new graduate and where possible match working patterns. The PDP participant should be provided with the opportunity to master the Year 1 Skills by having access to relevant cases. The ratio of new graduates to mentor should not exceed 3:1.</p>	
15.1.9	Where RVNs and SVNs are performing Schedule 3 procedures there should be evidence of training and assessment to ensure the individual is competent in that procedure.	There should be appropriate records of the assessment available.	
15.1.10	Team members understand the practice's responsibilities to their employees, potential employees, clients and external parties under the Equality Act 2010 and how it impacts their role in the practice.	<p>See the Government's guidance on the Equality Act: <a href="https://www.gov.uk/guidance/equality-act-2010-guidance">https://www.gov.uk/guidance/equality-act-2010-guidance</a>.</p> <p>Assessors will ask to see the policy and will want to speak to the management and team members about the policy and how it is implemented.</p> <p>The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions).</p> <p>The practice should demonstrate a commitment to diversity and that it has taken steps, where possible, to recruit a diverse workforce.</p> <p>The practice should demonstrate a zero tolerance approach to discrimination and harassment.</p>	

		The practice should communicate clearly in adverts and interviews that it values staff mental health, as this sends a strong signal that disclosure will not lead to discrimination. For example, the practice could include a statement such as: 'As an employer, we are committed to promoting and protecting the physical and mental health of all our staff.'	
15.1.11	The practice must have clear requirements for a professional standard of behaviour, personal hygiene and appearance to be maintained by all team members of the practice at all times.	Evidence of how this is communicated to team members.  A recorded policy may be useful. This policy is to help portray a professional image and comply with health and safety advice.	
15.1.12	The practice must have a completed up-to-date health and safety law poster, which is displayed for all team members to see.	Assessors will check the poster is completed and displayed.  Alternatively, team members may be provided with the equivalent leaflet.	
15.1.13	The practice must have a clear health and safety policy which is known to, and understood by, all team members. This must be updated on a regular basis and updates communicated to team members.	<p>The practice's policy should be set out in a document which is given to, or displayed for, all team members.</p> <p>The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably practicable. Where five or more people are employed (even if this is only temporarily) this policy must be set down in writing. Such a written policy must include:</p> <ul style="list-style-type: none"> <li>- A statement of general policy</li> <li>- Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.)</li> <li>- General instructions to team members arising out of the significant findings of the risk assessments</li> <li>- Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary</li> </ul>	Practice health and safety policy. 


		<p>See the HSE website for guidance on writing a health and safety policy: <a href="http://www.hse.gov.uk/simple-health-safety/policy/index.htm">http://www.hse.gov.uk/simple-health-safety/policy/index.htm</a></p> <p>The law applies when people are at work so will also apply to farm/equine practitioners working mainly from vehicles but also from home, and where locums are used. Employers have duties to ensure the health and safety of their employees and this includes situations where work is carried out at, or from, home.</p> <p>These duties extend to:</p> <ul style="list-style-type: none"> <li>- Workers who work from home and mobile workers (e.g. farm vets, mobile practices)</li> <li>- Members of the public – clients, contractors, work experience, visitors</li> <li>- Temporary workers (e.g. locums).</li> <li>- Shared workplaces = If you share a workplace with another business, you will need to consider how your work affects others and how their work affects you and your team. Work together to make sure controls are in place. (this is important e.g. ECC shared with daytime, grooming business with vets)</li> </ul> <p>Advice on Self employed persons - <a href="http://www.hse.gov.uk/self-employed/what-the-law-says.htm">http://www.hse.gov.uk/self-employed/what-the-law-says.htm</a></p>	
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15.1.14	There are designated persons with agreed responsibilities for health and safety.	<p>People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing.</p> <p>This may include:</p> <ul style="list-style-type: none"> <li>- A Fire officer</li> <li>- First aiders and/or appointed persons</li> <li>- A Radiation protection supervisor (and RPA)</li> <li>- An Employee safety representative</li> </ul> <p>Area safety officers</p>	<p>List of persons with H&amp;S responsibilities and a list of their duties.</p> 
15.1.15	Team members are consulted appropriately in all matters of health and safety activity.	<p>People can describe how they are consulted about their safety at work and can describe how they would raise any concerns they have day to day.</p> <p>Consulting employees on health and safety matters is a legal requirement. It is a two way process, allowing team members to contribute and influence safety decision making. See the HSE guidance on consulting workers on health and safety: <a href="http://www.hse.gov.uk/simple-health-safety/consult.htm">http://www.hse.gov.uk/simple-health-safety/consult.htm</a></p> <p>Any change which may substantially affect their health and safety at work i.e. in procedures, equipment or ways of working, must be communicated to the team, highlighting any dangers.</p> <p>Evidence of this may include team meeting minutes relating to health and safety, safety reporting systems and / or improvement ideas.</p>	<p>Minutes of meetings on H&amp;S.</p> 





15.1.16	The practice has carried out risk assessments in all areas of activity.	<p>Risk assessments are a legal requirement. They should be recorded if five or more people are employed.</p> <p>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="http://www.hse.gov.uk/risk/index.htm">http://www.hse.gov.uk/risk/index.htm</a></p> <p>Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities.</p> <p>Third parties should be considered, for example members of the public, contractors etc.</p> <p>If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses.</p>	Copies of relevant risk assessments.
15.1.17	Team members understand and work according to the standard procedures adopted.	<p>Team members can describe how they access standard procedures to maintain a safe working environment.</p> <p>All team members should be able to describe their own and their employer's responsibilities with regard to working safely.</p>	Team H&S manual.

15.1.18	The practice must have undertaken an assessment of the risks arising from the use of veterinary medicines and substances hazardous to health within the practice.	<p>COSHH is the law that requires employers to control substances that are hazardous to health. You can prevent or reduce workers exposure to hazardous substances by:</p> <ul style="list-style-type: none"> <li>- Finding out what the health hazards are</li> <li>- deciding how to prevent harm to health (risk assessment)</li> <li>- Providing control measures to reduce harm to health</li> <li>- Making sure they are used</li> <li>- Keeping all control measures in good working order</li> <li>- Providing information, instruction and training for employees and others</li> <li>- Providing monitoring and health surveillance in appropriate cases e.g. anaesthetic gas monitoring</li> <li>- Planning for emergencies.</li> </ul> <p>Examples of substances hazardous to health include:</p> <ul style="list-style-type: none"> <li>- Veterinary medicines – low risk can be grouped together e.g. antibiotics, high risk should be assessed specifically e.g. carcinogenic substances</li> <li>- Cleaning products</li> <li>- Agents that can cause allergies e.g. latex, penicillin</li> <li>- Infectious agents e.g. bacteria, viruses</li> <li>- Substances e.g. dust</li> </ul> <p>A safety data sheet is not a risk assessment. Gathering information from safety data sheets is the first stage in the assessment process of gathering knowledge.</p>	COSHH assessment.
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		See the HSE guidance on COSHH: <a href="http://www.hse.gov.uk/coshh">http://www.hse.gov.uk/coshh</a>	
15.1.19	Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.	<p>Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers.</p> <p>Frequency of servicing is determined by the manufacturer or a competent person's recommendation.</p> <p>Damaged or failed equipment should be clearly identified and removed from use until repaired.</p> <p>Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.</p>	<p>Servicing records for all equipment.</p> 
15.1.20	Team members are prepared for emergencies.	<p>Team members are familiar with procedures for turning off water supply, electricity, oil, heating gas and compressed gases.</p> <p>This information should be displayed in the practice.</p>	

15.1.21	The practice must have a written programme for the inspection and testing of all its electrical equipment, based on its specific risk assessment.	<p>The written programme containing the findings of the risk assessment, together with:</p> <ul style="list-style-type: none"> <li>- Evidence of inspection of the electrical installation by a competent person (frequency dictated by competent person)</li> <li>- Portable appliance testing (PAT) testing and visual inspection records will be required. (records on item label and/or database)(interval determined by risk assessment and competent person)</li> <li>- Failed or damaged equipment must be identified clearly and removed from use</li> </ul> <p>See the HSE guidance on electrical safety at work:  <a href="http://www.hse.gov.uk/electricity/index.htm">http://www.hse.gov.uk/electricity/index.htm</a></p>	<p>Inspection of electrical installation.</p>  <p>PAT testing and visual inspection.</p> 
15.1.22	All gas appliances are required to be maintained in a safe condition.	<p>Assessors will ask to see gas safety certificates. Carbon monoxide detectors should be in place and regularly tested wherever combustible fuels are burned.</p> <p>Advice should be sought from a suitably qualified person regarding an on-going programme of examination.</p>	<p>Gas safety certificates.</p> 
15.1.23	Team members understand the fire evacuation procedure and how to alert others in case of fire.	<p>Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training.</p> <p>Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.</p>	

15.1.24	Wherever patients are hospitalised, smoke and/or heat detectors must be placed appropriately to alert team members who may be in remote parts of the premises.	<p>This should include stables.</p> <p>These may be standalone smoke detectors or a maintained fire alarm system.</p>	
15.1.25	Where team members are on the premises working alone or resting, automatic fire detection devices must be in place.	<p>Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire.</p> <p>A premises checklist may be useful.</p>	
15.1.26	There must be regular maintenance of fire alarms and equipment.	<p>There should be a Fire log, or similar recording, in place detailing:</p> <ul style="list-style-type: none"> <li>-Tests of alarms and equipment</li> <li>-Servicing</li> <li>-Emergency lighting</li> <li>-Call point testing</li> <li>-Regular maintenance</li> </ul> <p>A schedule of regular workplace inspections (premises checklist) may be useful.</p>	<p>Maintenance log for fire alarm, equipment and fire drills.</p> 
15.1.27	The practice must have performed a fire risk assessment and regular fire practice evacuations.	<p>Employers (and / or building owners or occupiers) must carry out a fire safety risk assessment and keep it up to date.</p> <p>Based on the findings of the assessment, employers need to ensure that adequate and appropriate fire safety measures are in place to minimise the risk of injury or loss of life in the event of a fire.</p>	Fire Risk assessment.

		<p>To help prevent fire in the workplace, the risk assessment should identify what could cause a fire to start i.e. sources of ignition (heat or sparks) and substances that burn, and the people who may be at risk. See the HSE guidance on fire safety: <a href="http://www.hse.gov.uk/toolbox/fire.htm">http://www.hse.gov.uk/toolbox/fire.htm</a>.</p> <p>The practice must also have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties.</p> <p>Assessors will ask to see a list of the practice fire officer's duties and the fire risk assessment, including procedures for raising the alarm and evacuation.</p>	
15.1.28	If the practice is located in a flood area, a flood plan should be in place and understood by the team.	A flood risk assessment is needed.	
15.1.29	A first aid needs assessment should be carried out.	<p>The assessment should consider:</p> <ul style="list-style-type: none"> <li>- The workplace</li> <li>- The team</li> <li>- The hazards present</li> </ul> <p>The assessment will help you to decide whether you need:</p> <ul style="list-style-type: none"> <li>-Appointed person(s)</li> <li>-First aider(s) – level of training identified by the needs assessment e.g. emergency first aid</li> </ul>	<p>First aid needs assessment.</p> <p>List of appointed person and / or trained first aiders.</p> <p>Evidence of any training undertaken.</p> 

		<p>There must always be someone available to take charge of the first aid arrangements, namely:</p> <ul style="list-style-type: none"> <li>-Looking after the equipment and facilities</li> <li>-Calling the emergency services when required</li> </ul> <p>Arrangements should be made for an appointed person to be available to undertake these duties at all times when people are at work.</p>	
15.1.30	First aid box(es) are readily available and stocked.	<p>This includes for practice vehicles.</p> <p>The team members know the location of such items. Items should be in date and restocked after use. The items that are stocked depends on the needs assessment.</p>	
15.1.31	The practice must have an accident book, or equivalent electronic version.	<p>Team members should know where and how to complete an accident record and what to do with the form. Completed forms should be stored securely.</p> <p>Completed forms should be removed and stored securely in line with data security provisions under the GDPR and Data Protection Act 2018, and information kept for at least three years.</p> <p>Where a practice uses an alternative to the accident book, there must be evidence that the same details as in the accident book are recorded, that completed forms are securely stored and that accident reporting is freely accessible to team members.</p> <p>Accident forms should be audited regularly.</p>	Accident book.
15.1.32	The practice files reports under RIDDOR as required.	Responsible persons can explain how they should report under RIDDOR.	

		Further information is available at: <a href="http://www.hse.gov.uk/pubns/indg453.pdf">http://www.hse.gov.uk/pubns/indg453.pdf</a>	
15.1.33	The practice must have a policy for how they segregate, store and dispose of all forms of waste.	<p>Team training:</p> <ul style="list-style-type: none"> <li>- Team members should be able to describe how they handle different forms of waste</li> </ul> <p>Storage:</p> <ul style="list-style-type: none"> <li>- Adequate waste receptacles should be used to allow immediate disposal of hazardous items</li> <li>- Full containers should be stored in hygienic conditions and be clearly identified</li> <li>- Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor</li> </ul> <p>Assessors will ask to see evidence of:</p> <ul style="list-style-type: none"> <li>- The current waste audit should be available</li> <li>- A contract with a permitted waste contractor(s)</li> <li>- Policies and practice to segregate and label waste into appropriate streams and to store it hygienically</li> <li>- Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales</li> <li>- Waste transfer notes (which should be stored for two years)</li> </ul>	<p>Contract with waste contractor and waste policy.</p>  <p>Waste consignment notes.</p>



		For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: <a href="http://bit.ly/1WfH1P6">http://bit.ly/1WfH1P6</a> . However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information.	
15.1.34	Lifting equipment is suitable for purpose and regularly inspected.	<p>Team members can describe safety procedures in use and how inspection is carried out.</p> <p>The practice must be aware of The Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the regulations prior to use and thereafter have the equipment inspected regularly.</p>	
15.1.35	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.	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.	

15.1.36	Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services.	<p>Cylinders should be stored according to the following requirements:</p> <ul style="list-style-type: none"> <li>-Must be stored under cover, preferably outside</li> <li>-Adequate ventilation is required</li> <li>-They should be clean, dry and protected from extremes of temperature</li> <li>-Secured to prevent falling or misuse (either horizontal racks or &gt; E size vertical with holder)</li> <li>-Sited away from any sources of heat or ignition</li> <li>-Different types of gas should be separated within the store</li> </ul> <p>A trolley is recommended for any movement within the practice.</p> <p>If cylinders are transported for emergency use, there must be evidence of specific training and risk assessment for this task. Cylinders should be checked to ensure the contents do not leak and securely stored to prevent damage in transit.</p> <p>Signage must indicate the location of the cylinder store (and area valve service units if applicable for piped gas) and the type of gas. There should also be appropriate warning, safety and prohibition labels e.g. prohibition of smoking and naked lights.</p> <p>All personnel handling compressed medical oxygen cylinders should have adequate knowledge of:</p> <ul style="list-style-type: none"> <li>-The properties of the gas used</li> <li>-The correct operating procedures for the cylinder</li> <li>-Precautions and actions to be taken in the event of an emergency</li> </ul>	<p>Risk assessment for storage and transport / movement of medical gas cylinders.</p> <p>Evidence of team training.</p> <p>SOP / practice guidelines relating to storage, handling and maintenance and safe use of medical gases.</p>
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15.1.37	Where hazardous sources of artificial optical radiation (AOR) (e.g. medical laser treatment) are used, control measures must be in place to reduce worker exposure to as low as is reasonably practicable.	<p>Control measures should include:</p> <p>-Protective clothing -</p> <ul style="list-style-type: none"> <li>• Eye protection specific to the equipment used</li> <li>• Gloves and coveralls (surgical lasers only)</li> </ul> <p>-A designated treatment room / area (laser controlled area). This should have -</p> <ul style="list-style-type: none"> <li>• Restricted access</li> <li>• Clear signage</li> <li>• Blinds on windows and door portholes</li> </ul> <p>-Means to prevent nearby workers and third parties being injured by the AOR.</p> <p>-Provision of medical examination if workers are over exposed.</p> <p>It may be helpful to appoint a Laser Protection Supervisor.</p> <p>A log of AOR usage is recommended.</p>	<p>Risk assessment (including an exposure limit value).</p> <p>Evidence of review of risk assessment (to ensure all necessary controls are in place).</p> <p>Training records for all team members involved in the procedure.</p> <p>Procedure / SOP for AOR use (specific to the clinic).</p>
15.1.38	The practice must assess whether or not it is in a radon affected area.	<p>This is required for all practices, regardless of whether or not diagnostic imaging is used.</p> <p>An address search can be requested to find out if the practice is in a radon affected area. If it is, an additional radon survey should be carried out, and if the results of this show that the radon level is high</p>	

		<p>(above the UK Action Level of 200 Bq m<sup>-3</sup>), remedial action should be taken.</p> <p>See the Public Health England (PHE) UKradon website for further information and to request a radon address search:  <a href="https://www.ukradon.org">https://www.ukradon.org</a>.</p>	
15.1.39	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>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.</p> <p>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. 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.gov.uk/guidance/equality-act-2010-guidance">https://www.gov.uk/guidance/equality-act-2010-guidance</a>.</p> <p>The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these.</p> <p>Advice and guidance is available from Mind (<a href="https://www.mind.org.uk/workplace/mental-health-at-work/">https://www.mind.org.uk/workplace/mental-health-at-work/</a>), ACAS (<a href="https://www.acas.org.uk/supporting-mental-health-workplace">https://www.acas.org.uk/supporting-mental-health-workplace</a>), NHS, vetlife (<a href="https://www.vetlife.org.uk/">https://www.vetlife.org.uk/</a>), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (<a href="https://www.vetmindmatters.org/">https://www.vetmindmatters.org/</a>).</p>	
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## Module 16: Premises

### Core Standards

Point	Requirements	Guidance notes	Documents
16.1.1	The premises must be suitable and adequate for its intended purpose.	The premises may only be for administrative or storage purposes.	
16.1.2	The premises must be in good decorative order, clean and well maintained so as to create an atmosphere of clinical cleanliness and efficiency.		
16.1.3	The premises should be free of offensive odours.		
16.1.4	All parts of the premises must be adequately lit and ventilated.	Ventilation could include fans, windows that are escape proof (or other natural ventilation) or mechanical ventilation.	
16.1.5	Buildings must be heated to fulfil minimum legal requirements.	For offices and team member accommodation this would normally be a minimum of 16 degrees centigrade.  External equine accommodation should comply with the government Code of Practice for Welfare of Horses, Ponies, Donkeys and their Hybrids.	

16.1.6	Where consultations are carried out at the premises, the practice must have one or more consulting areas, which provide a clean and hygienic environment for consultations.	The consulting area may be used for other purposes, provided that hygiene is not compromised.	
16.1.7	The floor area and walls in the consulting area must be made of non-slip materials and be capable of being thoroughly cleaned.	Unsealed concrete would not be acceptable.	
16.1.8	Where clients have access to the premises there must be a waiting room or reception area of adequate size.	This should be an adequate size for the work load of the practice.	
16.1.9	The display of commercially retailed merchandise within the veterinary premises is permissible, provided the display is of an acceptably professional nature and of relevant goods.	Any animal food stuffs should be safely stored.	
16.1.10	Any other commercial businesses run from the practice must be of an acceptable professional nature.	Points to consider would include biosecurity, client dignity and client perceptions.	

16.1.11	Team members must have access to appropriate amenities. Appropriate amenities should include toilets and hand washing facilities, which should be maintained in a clean and orderly manner.	<p>There are minimum requirements for team welfare relating to:</p> <ul style="list-style-type: none"> <li>-Provision of sanitary conveniences</li> <li>-Facilities to wash</li> <li>-Facilities to store clothing</li> </ul> <p>See HSE guidance on workplace health, safety and welfare:  <a href="http://www.hse.gov.uk/pubns/books/l24.htm">http://www.hse.gov.uk/pubns/books/l24.htm</a></p> <p>Public and team members can share toilet facilities.</p>	
16.1.12	Team members' refreshments must not be prepared in clinical areas.	<p>There are minimum requirements for team welfare relating to:</p> <ul style="list-style-type: none"> <li>-Facilities to rest and eat food</li> </ul> <p>See HSE guidance on workplace health, safety and welfare:  <a href="http://www.hse.gov.uk/pubns/books/l24.htm">http://www.hse.gov.uk/pubns/books/l24.htm</a></p>	






## Module 17: Surgery

### Core Standards

Point	Requirements	Guidance notes	Documents
17.1.1	There is a designated area used for the conduct of surgical procedures. This area must have easily cleanable surfaces and a good source of illumination.	For field anaesthesia, environmental factors e.g. weather must be considered. Head torches and portable lamps are suitable forms of illumination.	
17.1.2	The practice must provide a range of suitable sterile surgical instruments, consumables and suture materials for the work undertaken.		
17.1.3	All surgeries are performed by an MRCVS or veterinary student under direct supervision.		
17.1.4	Surgeries allowed under Schedule 3 of the VSA are performed by RVNs or SVNs under direct supervision.		
17.1.5	The induction of, and recovery from, general anaesthesia is high risk for both patient and handler. There must be an area that is appropriate for the procedures to be undertaken, bearing in mind patient and handler safety. The induction area can also be the operating area providing surgical cleanliness/sterility is not compromised and is appropriate for the procedure undertaken.		

17.1.6	If ethylene oxide sterilisation is used there is evidence of adequate training of team members and monitoring of exposure levels.		Evidence of training and monitoring exposure for ethylene oxide sterilisation. 
17.1.7	Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the operating area.		



## **Royal College of Veterinary Surgeons**

### **Practice Standards Scheme – Assessor: Person Specification**

#### **Personal Behaviour and Style**

- Passionate about the RCVS Practice Standards Scheme (PSS) and reflects its aims, culture and values.
- Industrious, shows initiative and is innovative. Proactively demonstrates a strong commitment to equality and diversity and works in a manner that is inclusive.
- Open to learning and development for self and others and encourages a learning culture.
- Exemplary customer communication and management in line with RCVS culture and strategy.

#### **Core Competencies**

- Excellent oral and written communication and presentational skills
- Able to effect outcomes and build and maintain relationships through a positive and influential approach
- Comfortable working autonomously and with little to no direction at times
- Agile and responsive to change, with the ability to be flexible in evolving environments and situations
- Wants to achieve the best results for practices and the PSS as a whole
- An ability to stay focussed and resolute in the face of conflicting priorities which may arise, for example, between practices and the PSS.
- The ability to uphold a professional manner at all times

#### **Key requirements**

- Customer focused with excellent attention to detail
- Holds both themselves and others to both a fair and high standard
- IT literate, including previous use of IT case management systems and Microsoft Office including Word, Excel and Outlook.
- Accommodating of flexibility outside normal working hours in accordance with the needs of the business including overnight stays and UK wide travel
- Full driving licence
- The ability to carry out a minimum of 2 days of assessment per month in addition to attending 4 days of induction training per annum plus other annual training days as decided by PSS management.

## **Experience**

- 5 years registered with the RCVS as an MRCVS or RVN
- Worked in veterinary practice within the last 3 years
- A positive self- motivator experienced at leading and influencing professional teams
- Experience team of leadership and/or management
- Familiarity in working with the Practice Standards Scheme in practice
- Familiarity with different clinical settings
- Familiarity in working with a range of species of animals (Small Animal, Large animal and Equine)
- Experience of delivering high quality assurance/ assessment /audit activity

**The Person Specification focuses on the knowledge, skills, experience and qualifications required to undertake the role effectively. An assessment in relation to suitability for the role will be based on information found in the following:**

- (a) Application Form/ covering letter
- (b) Test/Exercise
- (c) Interview

Criteria	Essential/Desirable	Found on:
5 years RCVS registered as an MRCVS or RVN	Essential	a
Extensive experience of working in veterinary practice within the last three years.	Essential	a/c
Professional experience working in a variety of clinical settings (e.g. general practice, referral settings)	Desirable	a/c
Multi- species experience, which may include Equine and/or large animal	Desirable	a/c
Knowledge of & interest in RCVS Practice standards scheme	Essential	a/c
Experience in leadership / management roles	Essential	a/c
Highest standards of written and verbal communication skills	Essential	a/b/c
Excellent presentation skills	Essential	a/c
Excellent time management, planning and organisational skills to enable effective management of workload	Essential	a/b/c
Good knowledge and previous use of IT case management systems	Essential	a/b
Effective listening skills to ensure customer needs are met	Essential	b/c
Excellent inter personal skills and ability to empathise and deal tactfully and diplomatically with colleagues and customers	Essential	a/b/c
Hands on experience working in a customer focused environment	Essential	a/c
Good ability to network effectively	Essential	a/c
Ability to travel extensively	Essential	a/c
Full driving license	Essential	a
Ability to demonstrate flexibility and prioritisation to meet the changing needs of the role	Essential	a/c
Ability to use own initiative and also work as part of a team	Essential	a/b/c
Previous experience in an assessing/ auditing/ quality assurance role	Desirable	a/c

<b>Meeting</b>	Practice Standards Group
<b>Date</b>	9 <sup>th</sup> October 2019
<b>Title</b>	Matters for decision
<b>Classification</b>	Unclassified
<b>Summary</b>	This paper provides background and details in relation to matters for decision set out in the agenda.
<b>Authors</b>	<p>Laurence Clegg Senior Officer, Practice Standards Scheme Tel: 020 7202 0778 <a href="mailto:l.clegg@rcvs.org.uk">l.clegg@rcvs.org.uk</a></p> <p>Lily Lipman Senior Manager, Practice Standards Scheme Tel: 020 7202 0754 <a href="mailto:l.lipman@rcvs.org.uk">l.lipman@rcvs.org.uk</a></p>



## Matters for decision

### (a) Timeframes for assessment of premises acquired by a practice or organization in the Scheme

1. The following wording is currently stated in the PSS rules in regards to all premises within a practice group or organisation becoming PSS accredited:

*12. Eligible organisations are those running veterinary practices from premises that are open to members of the public to bring animals for veterinary treatment and care, or where the veterinary treatment and care of animals is provided to members of the public via ambulatory services. All premises within the organisation must achieve accreditation, following assessment by an RCVS assessor. A premises must be accredited to at least Core Standards for all species treated.*

2. This has been interpreted to apply for all sizes of organization, including the major employers, with whom the PSS team are working to meet this requirement. In order to achieve this, it has been communicated to the major employers that the expectation is that a newly acquired, non-PSS principal premises, and any of its branch premises, should apply to the Scheme and be assessed within 12 months of acquisition. All the major employers are in agreement with this in principal, and on the whole the timeframes are adhered to, except where there are extenuating circumstances.
3. However, neither the above timeframes, nor any similar measures to ensure that newly acquired non-PSS principal premises join the Scheme and undergo assessment within a reasonable timeframe, are currently formalized in the PSS rules. It is therefore proposed that such a measure is introduced.
4. The following wording is currently stated in the rules, however it only applies to newly acquired *branch* premises of PSS accredited practices with an existing assessment schedule, and does not apply to any new main/ standalone practices:

*20. Where a practice acquires any additional premises, the practice may choose to have these premises assessed immediately (in which case an assessment fee, to cover costs, will be levied), or may ask for assessment of the premises to take place at the practice's next four yearly assessment. Pending accreditation, the additional*

*premises may not use the logo of the Scheme, or otherwise be promoted as an accredited premises.*

5. In practice, the PSS team is applying this rule by automatically adding a new branch premises to the same schedule of assessment as the principal practice, unless discussed with, or otherwise requested by, the practice. An advantage of this is that the assessments of each premises in a practice group are held together, which makes logistical sense for the PSS team and the practice, and is economically beneficial for the practice as the assessment costs are divided between the premises.
6. However, this rule also poses a significant problem, as there is the potential for the new branch premises to not be assessed within standard timeframes. For example, a newly opened branch premises could go up to four years without being assessed for the first time if the assessment for the principal practice had just taken place. Furthermore, the premises would not have had its medicines assessed by the VMD within the same period, due to already being a Candidate of PSS.
7. An additional problem occurs with branch premises that are acquired by a principal practice and that are either already accredited, or have previously been assessed under the VMD inspection programme. In these cases, there could be a change to the existing schedule of assessment, and a situation could occur where the period between assessments is up to eight years. This could result in tactical movement of a branch from one group to another in order to avoid or delay assessment.
8. The data recorded by the PSS team shows that, under the current rule, out of 66 new branch premises added to accredited principal practices from March-September 2019, 38 (58%) are due for assessment in more than 12 months' time.
9. A separate shortfall of the current rule is that it leads to complications around the promotion of PSS accreditation for premises in a practice group, and the monitoring of this by the PSS team. Although there is a clause stating that additional premises may not be promoted as accredited, in reality it could be difficult for a practice to clearly distinguish this on promotional materials used across the group, as well as on its website. It is vital that PSS accreditation is promoted accurately in order for clarity to the public.
10. In order to overcome these difficulties with the existing rule it is proposed that, as outlined above for principal premises, the wording should be amended to require that branch premises should also be assessed within 12 months of being acquired.
11. There are, however, some implications of this proposal that need to be considered. Firstly, there are financial implications for practices, as the costs of the additional assessments for any new branch premises would need to be levied by the RCVS. Secondly, the branch premises would have a different assessment schedule to the

principal premises. Finally, there would be an increased administrative burden for the additional assessments.

12. With regards to the point around different assessment schedules, it is suggested that after the first assessment for the new branch premises, the schedules could be aligned at the next four yearly assessment for the principal practice. In order to avoid the branch premises being assessed twice in a short period, an exception could be made to the new rule to allow the assessment of the branch premises to be automatically held in line with the next assessment for the principal practice if it is due within a certain period (for example, 12 months). Alternatively, the branch premises could be required to undergo a medicines only assessment within 12 months of acquisition as a minimum, with the full assessment being held at the next four yearly assessment for the principal practice.

Decisions:

Amend the Rules wording to clarify that newly acquired premises, part of a corporate group and not currently PSS accredited must be fully assessed within 12 months of date of acquisition, irrespective of whether they are classed as a branch or main/standalone.

OR

Amend the Rules wording to clarify that all newly acquired premises should be assessed within 12 months of acquisition, and, where applicable, to be subsumed into the group's assessment cycle, unless there are mitigating circumstances, which must be presented to RG in writing. In these circumstances, the last VMD inspection date must be supplied to RG.

OR

All new premises currently not PSS accredited must have at least a medicines check within the first 12 months after acquisition, and where applicable, be subsumed into the next routine visit to the Group.

Summary	
Meeting	Council
Date	21 January 2021
Title	Advancement of the Professions Committee Report 10 November 2020
Summary	<p>To note the attached minutes of the meeting held on 10 November 2020.</p> <p>In particular, to note the following:</p> <ul style="list-style-type: none"> <li>• The Committee approved a new Environment and Sustainability Working Group to be recommended to the Finance and Resources Committee.</li> <li>• The Committee approved the new strategy for the Diversity and Inclusion Group.</li> </ul>
Decisions required	None
Attachments	None
Author	<p>Ceri Chick</p> <p>Secretary APC</p> <p><a href="mailto:c.chick@rcvs.org.uk">c.chick@rcvs.org.uk</a> / 0207 856 1034</p>

Classifications		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	N/A

**<sup>1</sup>Classifications explained**

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

**<sup>2</sup>Classification rationales**

Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Minutes of the Advancement of the Professions Committee held on Tuesday, 10 November 2020 at 2pm via Teleconference by Microsoft Teams.

### Members:

Dr C J Allen*	Council Member
Professor D Argyle (Chair)*	Council Member
Professor J Innes	Chair, RCVS Fellowship Board
Ms A Boag	Chair, Board of Trustees for RCVS Knowledge, and Leadership lead
Dr N Connell	Senior Vice-President, and Chair, Diversity and Inclusion Group
Professor S Dawson	Chair, Mind Matters Initiative
Ms L Lockett	Chief Executive Officer
Mr M Rendle	Vet Nurse Futures Project Board liaison point
Dr C Tufnell (Vice-Chair)	Innovation and Global lead
Mr T Walker	Lay Council Member
Dr S Paterson	Lead for Environment and Sustainability
In attendance: Miss C Chick	Senior Leadership Officer
Miss S Rogers	ViVet Manager
Mr I Holloway	Director of Communications
Mr C Gush	Executive Director, RCVS Knowledge
Mrs L Quigley	Mind Matters Initiative Manager
Mrs L Hall	Director of Human Resources
Mr Ben Myring	Policy and Public Affairs Manager

\*absent

### Welcome and apologies for absence

1. The Chair welcomed all present to the meeting of the APC and noted that the meeting would be recorded for minuting purposes.
2. Apologies were received from:
  - Dr C Allen

### Declarations of Interest

3. Dr N Connell declared that he was one of the Council members who applied for the Council Lead role for the proposed Environment and Sustainability Working Group, discussed in agenda item 5 (APC Nov 20 AI05).

### Minutes of the last meeting, held on 8 September 2020

4. The minutes were approved as an accurate record of the meeting.

### Matters Arising

5. The Chair thanked the Committee members for their continued efforts and noted that it was good that the workstreams were starting to develop synergies, and that this should continue, for the benefit of the professions.
6. RCVS Chief Executive Officer (CEO), Lizzie Lockett, updated the Committee on recruitment within the RCVS Staff Team.
7. It was reported that the new Director for the Advancement of the Professions Department had been appointed. This new staff member would start in early January 2021. This information will be circulated to the wider profession once they have officially started at the College.
8. It was noted that Sophie Rogers, current Innovation Executive, and staff Innovation lead had been promoted to Innovation Manager. It was also noted that Ceri Chick, current Leadership Initiatives Officer and interim staff lead for Leadership and Fellowship, had been promoted to Senior Leadership Officer. The Committee members extended their congratulations to Miss Rogers and Miss Chick, and their thanks to Lisa Hall, Director of Human Resources, for supporting these workstreams in the interim before the new Director of Advancement of the Professions takes up their role in January 2021.
9. It was reported that there will be two new staff members joining the Policy and Public Affairs team, with a new Research Officer starting in December and a Policy and Public Affairs Officer starting in a few months' time.

10. It was noted that recruitment would soon be underway both at officer level to support the various workstreams, and at manager level for Leadership, Fellowship and Diversity and Inclusion.
11. The Committee also welcomed Dr S Paterson to the Committee as the Council lead for the new Environment and Sustainability workstream.

### Updates from APC workstreams

12. The responsible Committee members or the relevant staff lead provided an update on each of the eight workstreams within the scope of the APC; this reflected the contents of the paper (APC Nov 20 AI01).
13. The Committee considered these updates, as well as other specific matters raised that were brought to it for discussion and, in some cases, decision. These are highlighted below, in addition to the main questions and comments prompted by each update.

### Diversity and Inclusion Working Group

14. It was reported that since the last meeting of the APC, a large focus of activity had been around Black History Month in October, with President Mandisa Greene taking part in a range of supporting activities.
15. It was noted that a paper was presented at the Diversity and Inclusion Group (DIG) meeting in October summarising the outcomes of the recent RCVS / Veterinary Schools Council Roundtable on Black Asian and Minority Ethnic (BAME) student support, an event which included student representation. It was noted that work was ongoing, with discussion to take place on how to take activities forward. It was noted that a workshop for student veterinary nurses on mental health was being organised, and a workshop on BAME VN student support would follow.
16. The Committee remarked that it was encouraging to see that this topic was moving ahead and being consciously embedded in all College activities.

### Fellowship

17. It was noted that collaboration has been discussed between the Fellowship and Leadership workstreams.
18. It was noted that after going through the recent cycle of Fellowship applications, the Fellowship Chair was able to identify some shortfalls in the application process which may lead to a diversity issue within the Fellowship.



19. It was reported that since the new Fellowship route was introduced in 2016, 152 male applications have been awarded, with 19 not awarded, and 64 female applications awarded, with 19 not awarded. This outcome was statistically significant and indicated a gender equality issue. The Fellowship had laid out plans to address this which needed to be accelerated.
20. It was noted that there would be a recruitment campaign launched before the end of the year to recruit new Credentials Panel members, which would more accurately reflect the demographic of the profession.
21. It was noted that an extraordinary Fellowship Board meeting was scheduled for December, where discussion would take place on the following topics:
  - a) Observations on equality and diversity from the Fellowship Chair, Advancement of the Professions Committee, and the profession
  - b) The Fellowship application process
    - i. Analysis of historical assessments
    - ii. The nominations process
    - iii. Review of the materials and resources required by potential applicants from an equality and diversity perspective
  - c) Structure of the panels – equality and diversity targets
  - d) Training for all Credentials Panellists and Fellowship Board members:
    - i. How to assess applications effectively and accurately
    - ii. Unconscious bias training
  - e) The Fellowship appeals process
  - f) A review of the strategy and vision of the Fellowship, including a new communications strategy.
22. The Fellowship Chair emphasised his determination and focus on improving diversity and equality within the Fellowship and making this a priority.
23. It was noted that the Fellowship's annual "Fellowship Day" event took place online on 1 October 2020, and saw over 280 people viewing the event, a record number for Fellowship Day. The Fellowship Chair thanked RCVS President Mandisa Greene for her contribution, and the RCVS staff team who organised the event.
24. It was noted that since the last APC meeting, Dr Cheryl Scudamore had been elected as Vice-Chair of the Fellowship Board. Dr Scudamore shared the Board's enthusiasm and determination to modernise the Fellowship.
25. It was noted that Dr Mary Fraser had hit the ground running with regards to reinvigorating the Fellowship Science Advisory Panel. It was noted that work was underway to encourage the Fellowship to get involved with the project.
26. The Chair noted that using a virtual format for Fellowship Day had proved to be beneficial and that the event should be live streamed after the pandemic restrictions.

27. The Committee gave its thanks to the Fellowship team for their determination and resolve towards investigating and rectifying the issues around diversity and equality within the Fellowship.
28. It was suggested that the Fellowship Credentials Panels could include some lay members, who were not MsRCVS, to exclude any bias that may come from assessors knowing the candidates.

**Action - Secretary to investigate whether Credentials Panel Lay Members could be a possibility.**

29. It was noted that an analysis of intra-observer variance across the three panels would be carried out by the Fellowship Chair to strengthen the evidence for reviewing the Fellowship application and assessment processes.
30. It was noted that it was important to discover why professionals were not applying for Fellowship, and how we could encourage them to apply. There would be discussion around this theme during the Fellowship Board meeting in December.
31. It was noted that the cost of Fellowship may be a factor as to why some professionals may not apply, however it was stressed that it would be hard to reduce the fee and still make a suitable contribution to the costs of the activities of the Fellowship.
32. It was suggested that the Fellowship fee could be paid by employers, if the benefits of Fellowship could be better quantified.
33. The Chair noted that when the new Fellowship structure was put in place, it had been discussed by the Education Committee that the Fellowship would need to have time to reach a critical mass before it was able to determine its own strategy and vision. Now that the Fellowship had grown, it was a good time for the strategy to be refreshed.

**Global Strategy**

34. The Chair thanked Mr Myring, the staff lead for the Global Activities workstream, for his consistent hard work.
35. It was noted that the new staff addition to the team would drive work particularly with and for overseas members, along with the twinning scheme in Botswana.

**Innovation**

36. The Chair thanked Sophie Rogers, the staff lead for the Innovation workstream, for her consistent hard work.

37. The Committee was reminded that due to the Covid-19 guidance on events, the focus of the ViVet project had changed to provide an education hub and library of resources, with lesser focus on opportunities to engage face-to-face with their audience.
38. It was noted that ViVet had reached out to the profession to understand how veterinary professionals, practices and organisations had been innovating during the last six months. It was noted that ViVet recognised that it had been a difficult time for everyone and that members of the veterinary professions had had to adapt and become driving forces for innovation. A summary of these stories would be showcased on the ViVet website and social media channels for others to learn from their experience and inspire others.
39. It was noted that a blog written by former RCVS Leadership and Innovation Director, Mr Anthony Roberts, had been published on the ViVet website.
40. It was noted that ViVet had been working with an industry professional to develop and create content to be shared on the ViVet website and social media channels. This content included:
  - a) Blog: Innovation – one-word, infinite possibilities
  - b) Blog: Intrapreneurship – encouraging the entrepreneurial spirit in employees
  - c) Blog: Delivering your message with confidence
  - d) Blog: Once upon a time – Story Telling
  - e) Guide: Investment stages and their funding
  - f) Guide: Practical steps for starting a business
  - g) Creating a digital marketing strategy for your veterinary start-up using growth marketing
41. It was noted that as part of the innovation workshop series, ViVet had recorded six short podcasts focusing on innovation in the workplace, guiding listeners through skill development and self-reflection. Supporting resources and artwork would be hosted on the ViVet website. The podcasts would be uploaded to Spotify and promoted on RCVS News, social media and ViVet website.
42. It was noted that a report on the Digital Veterinary Summit would be uploaded to the ViVet website.
43. It was reported that as part of the ViVet Innovation Workshop Series, ViVet was hosting a webinar on Design Thinking. The topic for this webinar is “Burn-Out amongst veterinary professionals”. A review of the engagement and feedback from the webinar would allow ViVet to look into the option of future workshops that can bring groups of people together to focus on specific challenges across the profession.
44. It was noted that an e-newsletter signposting new resources, podcasts, and webinars as well as innovation stories from the profession during Covid-19 was planned.
45. It was noted that a synergy with the Fellowship workstream was starting to develop, working with Dr Mary Fraser FRCVS, the Fellowship Board’s Projects and Engagement Officer, on a

communications plan to engage with the Fellowship via email and e-newsletter to share their experiences on how Fellows have been innovating in their area of work during the pandemic.

46. It was noted that ViVet had worked with the Mind Matters Initiative to provide guidance on topic and content review support for the Design Thinking webinar focusing on 'Burn-Out' amongst veterinary professionals.
47. The Chair reminded the Committee that Innovation was a theme that may run through many of the APC workstreams, and therefore encouraged the Committee to think of any possible synergies in between meetings.

### Leadership

48. It was reported that the Edward Jenner Leadership Programme continued to run smoothly. The course had received positive and helpful feedback from students who participated in the additional run of the Jenner programme.
49. It was noted that an evaluation of the Edward Jenner Programme was produced by the former RCVS Leadership Manager, Mr Oliver Glackin, which assessed the impact of the course since its launch in 2018. It was noted that this evaluation would be discussed in more detail in Agenda Item 4 (APC Nov20 AI04).
50. It was noted that there was the intention to maintain momentum with marketing the course, with efforts to discuss strategies to increase awareness of the programme within the professions. It was also noted that, although work had been focusing on introducing students and early-career professionals to the programme, it was important not to lose sight of the more experienced members of the professions.
51. It was noted that there was the intention to update the Leadership portion of the RCVS website, adding videos from the Leadership Role Models initiative.
52. It was reported that discussion was underway to create a Leadership framework, using the NHS Leadership framework for guidance.
53. It was noted that there was the intention to keep momentum going on the Leadership webinars in conjunction with the Tavistock Institute.

### Mind Matters Initiative

54. It was reported that the Mind Matters Initiative (MMI) Taskforce had met on 24 September and welcomed new members Cheryl Scudamore, RCVS Council Member, and British Veterinary Association (BVA) President James Russell.
55. It was reported that to mark World Mental Health Day on 10 October, MMI published a blog post from its Chair, Susan Dawson, reflecting on MMI activities over the past five years. It also

published a new blog post from vet James Glass who shared his experiences of mental ill-health. These were well received and garnered positive feedback on social media.

56. It was noted that on 10 October MMI had launched an animation, in collaboration with the British Equine Veterinary Association (BEVA), looking at mental health and wellbeing for equine vets. This was released as part of activities to mark World Mental Health Day. It was reported that the animation had received excellent feedback from across the professions and had led to enquiries about the possibility of developing a similar animation for small animal vets.
57. Reference was made to the MMI webinar series which was ongoing. The Committee was encouraged to suggest any ideas around topics for future webinars to the MMI workstream leads. It was noted that this message could be distributed to all College committees. It was noted that often webinar topics were repeated to allow for new people to engage with the resource and learn the information. It was noted that now was a poignant time for the professions to be able to have access to this information to aid with the stresses associated with the pandemic.
58. It was noted that the following themes were to be discussed in upcoming webinars:
  - a) Men's mental health
  - b) Menopause
  - c) Impact of physical ill-health on mental health
59. It was noted that work by this year's recipients of the Sarah Brown Research Grant award was underway, with the outputs from last year's work ready to be published.
60. It was noted that MMI was sponsoring the Association of Veterinary Students' 'Vet Kind' event, for the third year. The event would be a full day online session discussing mental health and wellbeing. This year, the event would include veterinary nursing students as well as veterinary students.
61. It was reported that a mental health awareness training session had been piloted and run for RCVS staff members. Now that the content of the online training sessions had been assessed and ensured that it was safe, despite being online, mental health awareness training would be re-introduced for the professions. There was an aim to facilitate some sessions before the end of the year, with more being organised in 2021.
62. The Committee was invited to extend its thanks to Lisa Quigley, Mind Matters Initiative Manager, for her hard work on the initiative.

#### RCVS Knowledge

63. It was noted that there has been some discussion on how Fellows may be to support the RCVS Knowledge workstream, such as Fellows with expertise in certain areas supporting Quality

Improvement (QI) webinars organised and facilitated by RCVS Knowledge. It was noted that discussion would be ongoing between the two workstream leads.

64. It was reported that RCVS Knowledge was collaborating with researchers at the University of Nottingham to run a Delphi-style study to simplify key QI terms. The result would be submitted for publication in a peer-reviewed journal, and presented at conferences, as well as forming part of a larger PhD project thesis.
65. It was noted that RCVS Knowledge had created a complete series of webinars on infection control and associated resources, which had resulted in over 7,000 downloads.
66. It was noted that a live Facebook event was facilitated on the topic “Restart the Heart”. This event, which saw over 600 live attendees with around 5,00 views on demand, was the first in a two-part series promoting the use of RECOVER’s CPR guidelines and covered how to apply evidence-based theory to guideline creation, and what steps to take if there is limited evidence for an intervention, based on consensus statements or a Delphi study.
67. It was noted that the Fellowship engagement project was finalised and communicated with the Fellows via the College. It was reported that RCVS Knowledge requested clinical queries to help build the evidence across a number of common and important conditions. A total of 10 clinical queries have been received from the Fellows so far.
68. It was reported that publication frequency of Knowledge Summaries in Veterinary Evidence had increased by 33% during lockdown, with lockdown submissions increasing by 200%. Web page views had also increased by 140% from October 2019 to October 2020.
69. It was reported that two “In the Spotlight” features had been published on Remote Consulting and Vector Borne Diseases. These as well as the earlier Spotlight on ‘Covid-19 and animals’ would continue to be updated as new evidence became available.
70. It was noted that a new section of material on Journal Clubs had been added to “InFocus”, which included an updated guide to setting up and running a journal club.
71. It was noted that similar resources would be developed guiding the profession on using some RCVS Knowledge materials for Continuing Professional Development (CPD). It was highlighted that the majority of resources provided by RCVS Knowledge had contained guidance on the amount of CPD to which it equated. It was emphasised that professionals should be reminded that these resources could count towards their annual CPD requirements, provided that, on reflection, they had learned something.
72. It was noted that in the next year, RCVS Knowledge would be devising a proposal for the Heritage Lottery Fund, looking at the role of the veterinary profession throughout history and the impact it had made. It was noted that this would be useful for the APC’s General Practitioner project. A number of universities and other professionals were involved in this project.

73. It was noted that the British Library had recordings which provided information on the veterinary profession throughout history. It was suggested that this may be a valuable resource for the project.

#### VN Futures

74. It was noted that all updates from the VN Futures workstream were provided in the workstream feedback report.
75. The Chair emphasised that most workstream activity was aimed towards and included the veterinary nursing profession and reminded the Committee to reflect that in their updates.
76. It was noted that the VN Futures workstream was engaging with veterinary nursing professionals to contribute to the current consultation on the report of the Legislation Working Party. This was featured on the RCVS's exhibition stand at the virtual Emergency Critical Care conference, held in early November. A large number of responses from veterinary nursing professionals were being received and reminders would be sent to key stakeholders in the coming weeks.

#### Edward Jenner Leadership Programme – Course Evaluation

77. A paper was presented that was primarily written by former Leadership Initiatives Manager, Mr Oliver Glackin, which gave a detailed evaluation of the Edward Jenner Leadership Programme's success to date.
78. The Committee was invited to share their thoughts and suggestions on how to facilitate the recommendations outlined in the paper to progress the programme's outreach.
79. It was noted that there was clear evidence to suggest that the course was achieving its aim to promote, support and grow the importance of self-reflection and the development of leadership skills as key aspects of veterinary professionals' continuing education. It was noted that the large numbers of learners actively engaging with the programme combined with its popularity amongst those approximately five years into practice confirmed this and also confirmed that it was supporting the 'every-day-leadership' concept which the programme seeks to support.
80. It was highlighted that the course aims to perpetuate the notion that all veterinary professionals were leaders, both those in clear leadership roles and those with more ambiguous leadership responsibilities.
81. A survey sent to participants in the course found that of those who responded (n=222), 95% agreed that the course had either met or exceeded their expectations; 96% of learners believed they had gained new knowledge or skills as a result of taking the course; 78% agreed that they had shared what they learned from the course with others, and 85% felt that they have been able to apply their learning.

82. It was noted that participants agreed that the course material and resources were appropriate, accessible, wide-ranging, well-ordered, educational, and enjoyable. Even those who felt familiar with the subject reported the programme encouraged them to engage with it from a fresh perspective from which they benefited.
83. It was reported that participants of the survey indicated that the course was probably most relevant to those in their late 20s to early 30s, with programme data showing those in that age band are most likely to undertake the course reinforcing this view. It was recognised that this was the point most people started transitioning into leadership roles or took up responsibilities which meant they were more likely to find themselves directing activities and/or staff.
84. The Committee was invited to suggest possible strategies to extend and diversify the programme's outreach to engage a wider range of professionals.
85. It was noted that overall, the programme was largely successful and fit for purpose, however some areas of improvement suggested were:
  - a) More confident and targeted promotion and marketing.
  - b) Changes to programme scheduling to encourage further consolidation of learning between courses.
  - c) Growing the offer to student vets and vet nurses through targeted communications and offers of support.
  - d) Growing the provision of programme learning mentors.
  - e) Updating the assessment approach to build on peer feedback.
  - f) Exploring opportunities to create peer learning groups for graduates of the programme.
86. It was noted that one of the most valuable aspects of the course were the learning mentors, who provided excellent support to participants. It was however noted that there were only two mentors at the moment therefore it may be beneficial to recruit more mentors.
87. The Committee noted that it was supportive of the creation of action learning sets for participants who had completed the programme.

### Environment and Sustainability Working Group proposal

88. The Committee was presented with a paper outlining a proposal for the creation of a new Working Group for the development of a formal environment and sustainability policy for the RCVS.
89. It was noted that RCVS Council had appointed a new Environment and Sustainability lead, Dr Susan Paterson, who had joined the APC.



90. The Committee was reminded that the College had joined the UK Health Alliance on Climate Change (UKHACC) which seeks to co-ordinate the work of the UK's health professions in this area. The alliance aims to coordinate action, provide leadership, and help amplify the voices of healthcare professionals on the topic of climate change.
91. It was noted that NHS England had pledged to be carbon neutral by 2040.
92. It was noted that the RCVS was currently the only members of UKHACC from the veterinary profession, however it was noted that there was an encouraging collaborative effort from UKHACC members to push the climate change agenda forward.
93. The Committee was invited to share thoughts and to approve the new Working Party as part of the Advancement of the Professions workstreams, to be recommended to the Finance and Resources Committee. It was noted that this Working Group would work to define internal policy as well as external policy which would help inform the measures that the College could take to drive environmental sustainability in the professions.
94. It was noted that many veterinary societies, along with veterinary schools, had been active in updating their environment and sustainability policies, and were very keen to work with the College in this area. It was noted that there was a huge amount of activity on this topic within the medical sector, with many members of the UKHACC keen to collaborate with the College on this agenda.
95. It was suggested that the Working Group's terms of reference should include reference to the United Nation's sustainability goals.
96. It was emphasised that the proposed group is a "Working Group" rather than a "Committee".
97. It was noted that the Working Group's first step would be to gather data from other veterinary societies and associations to build an evidence base to start informing policy.
98. The Committee approved the proposed Environment and Sustainability Working Group to be recommended to FRC.

### Diversity and Inclusion Group Strategy

99. The Committee was presented with a paper that included a draft strategy for the Diversity and Inclusion Group (DIG) for discussion. It was noted that a confidential earlier draft of this strategy was viewed by the DIG at its October 2020 meeting. The purpose of the strategy was to summarise the broad objectives and approach, stress that this work was underpinned by wider RCVS strategy, give some examples of current projects, and put in place an evaluation framework.
100. It was noted that this strategy differed from past documents as it focused on "Understanding and Support" for those from minority groups, as well as "Recruitment". It was noted that strong support was needed from the College to ensure that the professions were willing to

welcome a diverse range of people and that any discrimination and harassment ended. It was emphasised that although recruitment was an important aspect of this work, it would be irresponsible to encourage individuals from diverse groups into a profession if they were not respected and encouraged once there.

101. It was suggested that the strategy should be amended to reflect the importance of an evidence-based approach to evaluation.

102. It was noted that Nottingham University had created a Massive Open Online Course (MOOC) for school leavers, giving them information about entering the professions, which had had 3,600 enrolments.

103. The Committee suggested a change to the strategy's opening statement to remove the phrase 'for all of our sakes'.

104. The Committee approved the strategy, with the amended opening statement.

**Action – CEO to circulate an updated version of the strategy, with the amended opening statement, to the Committee following approval by the DIG.**

106. The Committee gave its thanks to Lizzie Lockett, RCVS Chief Executive Officer, for her hard work on the project.

#### **Any other business**

107. The Chair thanked the Committee and staff members for their ongoing hard work.

108. It was noted that some Committee members had requested calendar invites for future meetings therefore the Committee should expect emails from the Secretary.

**Action - Secretary to distribute calendar invites for APC 2021 dates.**

#### **Date of next meeting**

109. The Chair closed the meeting noting the next meeting would be on the afternoon of 9 February 2021.

<b>Summary</b>	
Meeting	Council
Date	21 January 2021
Title	Audit and Risk Minutes 31 July 2020 & Audit and Risk Minutes Confidential Appendix
Summary	<p>The Committee:</p> <p>Ahead of a European Association for Quality Assurance in Higher Education (ENQA) visit. The ARC Committee were asked to consider and comment on the following Quality Assurance documents:</p> <ul style="list-style-type: none"> <li>• Internal Quality Assurance (IQA) Policy</li> <li>• IQA procedures</li> </ul>
Decisions required	To note the minutes.
Attachments	Confidential Appendix
Author	<p>Alan Quinn-Byrne</p> <p>Governance Officer/Secretary</p> <p><a href="mailto:a.quinn-byrne@rcvs.org.uk">a.quinn-byrne@rcvs.org.uk</a> / T 020 7227 3505</p>

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	n/a
Appendix	<b>Confidential</b>	<b>2, 3</b>

**<sup>1</sup>Classifications explained**

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Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

**<sup>2</sup>Classification rationales**

Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Minutes of an extraordinary meeting of the Audit and Risk Committee (ARC) held remotely via Microsoft Teams on 31 July 2020

### Members:

Ms E Butler	Chair
Professor D Bray	
Mr V Olowe	
Ms J Shardlow	Vice-Chair
Mr David Leicester	

### In attendance:

Prof Susan Dawson	Treasurer
Ms L Lockett	CEO
Ms C McCann	Director of Operations (DoO)
Dr Linda Prescott Clements	Director of Education
Ms Kirsty Williams	Education and Quality Improvement Manager
Mr A Quinn-Byrne	Secretary to ARC / Governance Officer

### Apologies for absence

1. There were no apologies for absence

### Declarations of interest

2. There were no new declarations of interest noted

### Minutes of the ARC meeting held on 7 May 2020

3. The minutes were accepted as a true record of the meeting held on 7 May 2020.

### Matters arising

4. Matters arising will be addressed in the next ARC meeting on 1 October 2020.

## CEO update

5. The CEO gave an update to the ARC Committee, the following points were noted:
- A lot of work has and is continuing to happen behind the scenes, with various teams managing further demands placed on their teams due to the Covid-19 Pandemic, including FAQ updates and advice being disseminated to the profession. The Covid-19 taskforce are continuing to meet weekly to discuss various issues that arise and monitor the pandemic's impact on the RCVS.
  - As different parts of the UK are continuing to be put on lockdown due to Covid-19 restrictions, the RCVS has continued to implement a working from home policy. Currently data from a staff wide survey on returning to Belgravia House is being analysed to ascertain the merits of reopening the building perhaps a few days per week.
  - It was confirmed September and October meetings will take place remotely.
  - Confidential information is available in the classified appendix at paragraph 1-2
  - The CEO confirmed a successful online AGM took place and the new presidential team was sworn in.
6. The Chair congratulated the work of the CEO and RCVS staff on the work carried out over the last couple of months.

## ENQA Accreditation Visit

7. Confidential information is available in the classified appendix at paragraphs 3-19.

## Any other business

8. Confidential information is available in the classified appendix at paragraphs 20 -23

## Date of next meeting

1 October 2020

<b>Summary</b>	
Meeting	Council
Date	21 January 2021
Title	Audit and Risk Minutes 1 October 2020 & Audit and Risk Minutes Confidential Appendix
Summary	A meeting of the RCVS Audit and Risk Committee
Decisions required	To note the minutes
Attachments	Confidential Appendix
Author	Alan Quinn-Byrne Governance Officer/Secretary <a href="mailto:a.quinn-byrne@rcvs.org.uk">a.quinn-byrne@rcvs.org.uk</a> / T 020 7227 3505

<b>Classifications</b>		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a
Appendix	<b>Confidential</b>	<b>2, 3, 4, 5</b>

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**<sup>2</sup>Classification rationales**

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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>





## Minutes of a meeting of the Audit and Risk Committee (ARC) held remotely via Microsoft Teams on 1 October 2020

### Members:

Ms E Butler	Chair
Professor D Bray	
Mr V Olowe	
Ms J Shardlow	Vice-Chair
* Mr D J Leicester	

### In attendance:

Prof S Dawson	Treasurer
Ms L Lockett	CEO
Ms C McCann*	Director of Operations (DoO)
Dr L Prescott Clements	Director of Education
Ms K Williams	Education and Quality Improvement Manager
Ms J Dugmore	Director of Veterinary Nursing
Ms S Gibbins	Qualifications Manager, Veterinary Nursing Department
Mr A Quinn-Byrne	Secretary to ARC / Governance Officer

\*absent

### Apologies for absence

1. Mr D Leicester and Ms C McCann sent their apologies

### Declarations of interest

2. There were no new declarations of interest noted.

### Minutes of the ARC meetings held on 7 May 2020 and 31 July 2020

3. The minutes were accepted as a true record of the meeting held on 7 May 2020.
4. The minutes were accepted as a true record of the meeting held on 31 July 2020.

## CEO Update

5. Confidential information is available in the classified appendix at paragraphs 1-12.

## Assurance Map

6. The Committee noted that there was significant improvement in development of the assurance map in the last 18 months and thanked the DoO for her hard work on this.
7. It was agreed that this would come before the next ARC meeting in November 2020, with a focus on a couple of areas to review assurance in detail. **(ACTION)**

## The European Association for Quality Assurance in Higher Education (ENQA) Update

8. The Director of Education and the Education Quality Improvement Manager updated the Committee on the work, and latest visit, of ENQA.
9. Confidential information is available in the classified appendix at paragraphs 13-18

## Education Department Risk Register

10. The Director of Education presented the Education Risk Register to ARC.
11. Confidential information is available in the classified appendix at paragraphs 19-22.

## Veterinary Nursing Department Risk Register

12. The Director of Nursing and the Qualifications Manager presented the Veterinary Nursing Risk Register to the Committee.
13. Confidential information is available in the classified appendix at paragraphs 23-27.

## Corporate Risk Register

14. Confidential information is available in the classified appendix at paragraphs 28-32.

## New ARC Chair

15. Confidential information is available in the classified appendix at paragraphs 33-36.

## Any other business

16. Confidential information is available in the classified appendix at paragraphs 37-39.

## Date of Next Meeting

12 November 2020 at 10am.

### Summary

Meeting	RCVS Council
Date	21 January 2020
Title	Education Committee Minutes of the meeting held on 10 November 2020
Summary	Council to note Education Committee Minutes of the meeting held on 10 November 2020.
Decisions required	Council to note
Attachments	Classified appendix
Author	Britta Crawford Education Manager <a href="mailto:b.crawford@rcvs.org.uk">b.crawford@rcvs.org.uk</a> / 020 7202 0777

### Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a
Classified appendix	<b>Confidential</b>	<b>1</b>

**<sup>1</sup>Classifications explained**

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**<sup>2</sup>Classification rationales**

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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

**Education Committee****Minutes of the meeting held on 10<sup>th</sup> November 2020**

<b>Members:</b>	Professor Ewan Cameron	
	Mr Danny Chambers	- Also Adv Practitioner Panel Chair
	Ms Linda Ford	- Lay member
	Professor Tim Parkin	
	Mrs Susan Howarth	
	Dr Susan (Sue) Paterson	- Chair
	Dr Cheryl Scudamore	
	Dr Kate Richards	
	Professor James Wood	
	Ms Katie Fox	- Student representative
	Mr Tobias Hunter	- Student representative
<b>By invitation:</b>	Dr Melissa Donald	- CertAVP Sub-Committee Chair
	Mr John Fishwick	- Chair of Specialist Sub-Committee
	Dr Joanne Dyer	- EMS Co-ordinators Liaison Group and PQSC Chair
	Professor Nigel Gibbens	- Chair of Accreditation Review Group
<b>In attendance:</b>	Mr Duncan Ash	- Senior Education Officer
	Mrs Britta Crawford	- Committee Secretary
	Mr Jordan Nichols	- Lead for Undergraduate Education
	Dr Linda Prescott-Clements	- Director of Education
	Mr Jonathan Reid	- Examinations Manager
	Ms Jenny Soreskog-Turp	- Lead for Postgraduate Education
	Ms Laura Hogg	- Senior Education Officer
	Mr Kieran Thakrar	- Education Assistant
	Ms Beckie Smith	- Education Assistant
	Mrs Kirsty Williams	- Quality Assurance Manager
	Ms Lizzie Lockett	- CEO
	Dr Niall Connell	- Officer Team Observer

\*absent

### **Apologies for absence and welcome**

1. There were no apologies for absence
2. The meeting was held remotely via “Teams” due to the Covid-19 pandemic.
3. Tim Parkin was welcomed to his first meeting having taken over the role as Head of Bristol Veterinary School. Richard Hammond was thanked for his valuable contribution to the Committee.
4. The Committee were reminded that observers were encouraged to participate in discussions but were not voting members.
5. The meeting papers reference the RCVS Council Covid-19 Taskforce. The Chair explained that this is a group brought together on March 6<sup>th</sup>, 2020 to make key decisions on temporary policy changes due to the Covid-19 pandemic. The need for the Taskforce is under constant review as the pandemic continues and Council has agreed to its continuance until March 2021 at the earliest.
6. Kate Richards was appointed as Vice Chair of Education Committee following requests for members to put themselves forward at the previous meeting.
7. The Chair thanked the Education Department for their hard work, which was reflected in the volume and depth of papers prepared for the meeting. Her thanks were appreciated.

### **Declarations of interest**

8. There were no further declarations of interest.

### **Minutes**

9. The minutes of the meeting held on 15 September 2020 were approved.

### **Matters arising**

10. The Committee were informed that Neil Smith and Claire Roberts had joined the CPD compliance panel. The Committee were informed that Alan Quinn-Byrne was unable to attend the meeting today due to illness but would give a presentation on the risk register at the next meeting. There had been discussion at Council of moving the risk register further up the agenda, but it was thought beneficial to leave it to the end so that any risks identified during the meeting could be added.

### **Education Department update**

11. The Director of Education, Dr Linda Prescott-Clements, gave an oral update on the work of the Education Department. The Committee heard that Linda had been contacted by the Quality Assurance Agency for Higher Education (QAA) regarding the benchmarking statement to see if

there was any will to revise the out-of-date benchmarking status for Veterinary Schools. They had had few responses and would therefore archive the statement and use RCVS standards and Day One Competences. The QAA would be writing to all Vet Schools in due course.

12. The Committee heard that CertAVP General Small Animal Surgery Synoptic Exams had been held on-line using zoom, using breakout rooms for reading time and “holding” candidates to ensure that the exams were robust. Particular thanks were given to Laura Hogg for her work in setting up and running the exams.
13. The Committee noted that Jonathan Reid and Linda Prescott-Clements would be presenting at the European Board of Medical Assessors conference that afternoon.
14. Kieran Thakrar was welcomed to the Education Department as Education Assistant.

### **RCVS Covid-19 Taskforce update**

#### **Extra Mural Studies (EMS)**

15. The committee received a copy of the paper that went to the Taskforce in September and noted that a further change to the temporary EMS policy had been approved for the incoming 1<sup>st</sup> years (class of 2025), and the 3<sup>rd</sup> years (class of 2023). The 1<sup>st</sup> year's animal handling requirement now matched that allowed to the classes of 2023 and 2024, in that it had been reduced by 6 weeks, with the shortfall made up with supplementary online EMS. The 3<sup>rd</sup> years' requirement for clinical EMS had also been reduced by 5 weeks to 21 weeks.
16. The Chair asked the student representatives about their feelings around EMS in the current situation. Whilst students were generally happy with the reduction, there was still a lot of worry and anxiety amongst the whole student body about being able to complete the requirement even with the reductions, due to placements being cancelled and difficulties in booking placements with availability being low with less practices offering placements.
17. It was emphasised that the situation was always under constant review at RCVS, working with Vet Schools Council and the RCVS EMS Coordinators Liaison Group. It was also reported that joint guidance from RCVS, VSC, BVA, SPVS and AVS was currently being drafted for practices around advice and suggestions around best practice when taking students on, in the hope that more practices would be able to open up to students

#### **Remote and On-line assessments**

18. A paper detailing the requirements for assessments being carried out remotely or on-line was presented. The details had already been shared with both the Covid-19 task force and the Vet Schools Council before being brought to the Education Committee. The paper details the guidelines from QAA and the Office for Students and concludes with the RCVS requirements to ensure that both reliability and security are maintained for exams that are conducted remotely.



19. Further discussion around the requirements will take place in a dedicated meeting with Vet Schools Council Education committee members to take place on Friday 13<sup>th</sup> November.

### **Virtual RCVS Accreditation**

20. The policy for carrying out virtual visitations which had been approved by the Covid-19 Taskforce was received and noted. It was reported that guidance for joint international accreditation visits was currently being drafted between RCVS and the Australasian Veterinary Boards Council (AVBC) and the American Veterinary Medical Association (AVMA).

### **Synoptic Exams**

21. The Committee noted that RCVS Council Covid-19 Taskforce approved the temporary change for RCVS synoptic exams to be held in a remote format. The exams had been held successfully.

### **Update from CPD Policy Working Party**

22. The committee received the minutes from the CPD Policy Working Party's meeting on the 1 October 2020.
23. Richard Stephenson had taken over as the new chair of the Working Party and as part of the meeting they reviewed data from 1CPD as well as the communication strategy for last quarter of 2020 which will focus on engagement with any non 1CPD users through written press, webinars and targeted communication.
24. The CPD Policy Working Party and CPD Compliance Panel are planning a joint meeting in January to discuss the priorities and responsibilities of each group and make sure that work is not duplicated.

### **Graduate Outcomes**

#### **Veterinary Graduate Development Programme (VetGDP)**

25. The Committee acknowledged the notes from the Mentoring Task and Finish group meeting and welcomed the clarification of the name to "VetGDP Adviser". The Committee discussed whether it should be mandatory for veterinary surgeons who have been off the register for a period of 5 years or more to enrol onto the VetGDP on their return to the register. The committee agreed that it was a positive step as this was not a punitive scheme but aimed to assist the veterinary surgeon to get the support they may need. The point was raised that whilst this may be useful for those returning to standard practice it may not be applicable to all returning to the register, such as those in research. Therefore, the Committee agreed that it should be mandatory for all veterinary surgeons returning to the register after a period of five years to sign up for the VetGDP but there would be a facility to apply for and be granted an exemption on a case-by-case basis.
26. The Committee were asked to approve an application for funding to assist with the setup of the VetGDP Adviser e-learning package. Given the time restrictions, the money would be used to

employ a content designer/administrator to upload the material on to the Moodle platform and for commissioning some external content from guest speakers and educationalists. Given the potential value of the project and shortened timeframe, the Committee were happy to support the proposal.

## **EMS/Clinical Education Update**

### **Graduate Outcomes EMS & Clinical Education Sub-Group**

27. Members received and noted the minutes from meetings held by the sub-group in September and October.

### **Potential interventions for implementation by RCVS to support improved EMS**

28. Part of the role of the sub-group was review the current EMS system and consider ways forward to improve it. There are a number of well-known and acknowledged problems within the current system, and to gather feedback and ideas on how to address these, a series of semi-structured interviews were held with the EMS Coordinators from each of the vet schools, as well as other representational bodies (SPVS, AVS, BVA) that sit on the EMS Coordinators Liaison Group.
29. A report summarising the information obtained in these interviews was then considered by the EMS Coordinators Liaison Group initially, and then the EMS & Clinical Education Sub-Group. The report was also received and noted by Education Committee. A series of suggested interventions led by RCVS which could better support the implementation of EMS by vet schools and improve the EMS experience for students and vet practices were presented to Education Committee to consider.
30. Education Committee agreed that further work could be progressed with the following suggested interventions:
  - Produce a new RCVS policy on which types of placement are appropriate; requirements for student flexibility; and newly structured feedback and reflection forms
  - Develop detailed RCVS guidance on EMS for wide communication with students, practitioners and placement providers
  - Develop a more uniform and structured approach to the booking of placements to allow for more consistent and improved communication between schools, students and practices, before and after placements
  - Explore the benefits of RCVS hosting a national database of practices offering EMS, with information such as insurance, location and student support available
  - Developing a virtual RCVS introductory EMS engagement event for students and providers
  - Offer the e-learning modules currently being developed to support the VetGDP Adviser role as free CPD for any practitioners hosting students on EMS
  - Offer RCVS Knowledge resources to EMS providers at no cost

31. There was also support for the suggestion around exploring the possibility of centralised funding of EMS. It was agreed that funding was a huge barrier and more needed to be done to help diversify the profession, as student loans alone do not cover costs of EMS placements for students. Whilst acknowledging that RCVS funding of students' EMS would not be feasible, it was reported that there were a number of bursaries available to students. Therefore, it was agreed that a better way forward would be for RCVS to collate all information on bursaries that were currently available and make this information available to students centrally.
32. Regarding the development of a more uniform structure to booking placements and the possibility of a national database, it was agreed that there would still need to be flexibility allowed around bookings and to avoid any process being too rigid. The idea was widely supported though, as it could take away a lot of administration from the schools around the booking of placements.
33. There was only one suggestion that Education Committee did not agree to: explore, with VSC, the possibility of schools offering free and/or discounted CPD to EMS providers. Whilst appreciating the spirit of the suggestion, there were a number of arguments against this. At a practical level, it could prove difficult for the schools to manage and implement, and there was no real uniformity between schools around how CPD bookings and payments were taken. Holistically, it was agreed that offering something for free should not be the motivation, but more should be communicated around how the act of mentoring students was in itself CPD. It could also move away from a common misconception that CPD only comes in the form of lectures or courses. This, paired with the free of delivery of VetGDP modules to practitioners, would also be more effective in developing mentors and role models within the profession.

### **Recommendations for defining future clinical education**

34. The results from the Graduate Outcomes consultation demonstrated that the profession supported the proposal that in future, "the majority of clinical education should take place in general practice." It had been previously agreed that "majority of clinical education in general practice" required careful interpretations, with new and complete definition of "majority", "clinical education", and "general practice" agreed upon. At the last meeting of Education Committee, the EMS and Clinical Education Sub-Group were asked to reconsider their initial thinking around the definition of what constitutes a "majority". The sub-group had also been working on a new definition of "clinical education" as an umbrella term, as well as a definition of "general practice". These draft definitions, along with a re-considered a full draft of the definition of a "majority" were presented to Education Committee for approval.
35. Education Committee agreed to approve both definitions. Therefore, the definitions of "clinical education" and the majority of clinical education to be delivered in general practice as anything more than 50% would be written into the new RCVS Accreditation Standards.

### **Day 1 Competences (D1C)**

36. Following the publication of the new Day One Competences, RCVS was contacted to enquire why a particular competence had not been included. In order to be in agreement with EU Directives,

the European Coordinating Committee on Veterinary Training (ECCVT) had decided in 2015 to include the following Day One Competence:

*'Perform inspection of food and feed including post-mortem inspection of food producing animals and inspection in the field of related food technology.'*

37. This competence had not been included in the previous version of RCVS D1Cs, and from the records it was not clear whether this was a deliberate omission or just an oversight. Education Committee discussed whether this competence should be added to the current D1Cs, and whilst it was accepted that there should be parity between the UK and EU, it was agreed that the current phrasing was perhaps too detailed and related to skills which would be developed post-graduation.
38. Education Committee decided that the competence should be re-drafted to ensure that graduates were trained to a level that would ensure they were open to the potential of working in this area, but not fully trained in all areas of food technology.

**Action: RCVS to re-draft the D1C.**

### **Accreditation Review**

39. Following consideration by the Accreditation Review Working Party (ARWP), as well as both PQSC and Education Committee, a new set of accreditation standards had been produced. Education Committee was presented with a document which set out the proposed supporting guidance, rationale for how each standard related to programme quality, as well as suggestions for the types of evidence that might support each standard.
40. The Committee heard that whilst the new standards had been mapped to the current standards to ensure there were no omissions, they represented a significant change to the current approach, particularly in terms of being much more outcomes-focussed with a clear link to quality, as opposed to being primarily input-based which was becoming an increasingly outdated approach.
41. It was highlighted that the potential sources of evidence did not form a prescriptive list, and that schools would be invited to provide any evidence which they felt demonstrated compliance with the standards.
42. It was also pointed out that several changes had been made to the previous draft seen by Education Committee. Some standards had been removed where duplication was discovered (so as to avoid the danger of 'double jeopardy' for the school wherever possible), and some wording had been amended to help with clarity, based on comments made throughout the committee process.
43. EMS standards are still outstanding, and it was reported that these would be considered by the Graduate Outcomes working group overseeing this area at their next meeting, after which the ARWP, PQSC and Education Committee would have the opportunity to consider.

44. It was commented that the guidance for standard 6.7 should be expanded to include multiple veterinary professionals, including the various paraprofessionals such as veterinary technicians, and not just veterinary nurses.
45. It was reported that the next step was to work up the full methodology to sit alongside the new standards, and that both pieces of work would be presented to RCVS Council in 2021.

### **Primary Qualifications Sub-Committee (PQSC)**

#### **Reports of sub-committee meeting held on 11<sup>th</sup> September 2020 and 19 October 2020**

46. The minutes of the PQSC meetings held in September and October were received and noted

### **Cambridge Visitation**

47. At this point Professor Wood left the meeting.
48. Following the 2018 full revisit to the University of Cambridge, Department of Veterinary Medicine, PQSC and Education Committee had raised concerns that there were still several issues outstanding from both the 2015 visitation and the revisit in 2018. Both committees had felt it appropriate to recommend a short, focused revisit within one year, to specifically look at the standards on curriculum, assessment, and outcomes assessment.
49. In March 2020, RCVS visitors conducted a focused revisit and the report from the visitors, along with a response to the findings from the Department, was presented to Education Committee for consideration.
50. At its September meeting, PQSC had felt satisfied that any further concerns arising from the visit could be addressed through the annual monitoring process and recommended that full accreditation be granted for the remainder of the seven-year cycle.
51. Following a unanimous vote of approval, Education Committee accepted the recommendation from PQSC. It was noted that the next full visitation to Cambridge would take place in 2025 (subject to satisfactory annual monitoring reports).

**Action: RCVS to grant Cambridge full accreditation for the remainder of its seven-year cycle.**

### **Accreditation charges for visitations**

52. The current accreditation fee for visitations outside of the UK is £12,000. During original negotiations of the Mutual Recognition Agreement (MRA) that RCVS has with the Australasian Veterinary Boards Council (AVBC), it was informally agreed that both RCVS and AVBC would charge a reduced accreditation fee for mutual visitations, due to the close working relationship between the two organisations. PQSC were subsequently asked to consider whether RCVS should implement a similar fee structure for schools visited under MRA arrangements (which

would include schools not only in Australia & New Zealand, but also South Africa and Ireland), and following discussion Education Committee supported this recommendation.

53. Vet school representatives raised some concerns regarding the costs that they incur when receiving international representation on their accreditation visits and requested that RCVS produce some guidance for these organisations to limit expenses for items such as travel. It was highlighted that whilst it was not within the RCVS' gift to develop policy for other accreditors to follow, there was scope for a discussion amongst the members of the International Accreditors Working Group (IAWG) at their next meeting in 2021, to see whether some commonality could be achieved on this issue. It was also asked whether the lessons learned from holding virtual accreditation visits could be carried forward to help with making them more environmentally sustainable.

### **SAVC MRA**

54. The MRA between RCVS and the South African Veterinary Council (SAVC), signed in 2015, was now due for renewal and following review of a revised draft from SAVC it was agreed that this could now be finalised and signed.

**Action: RCVS President to sign MRA and return to SAVC for signature.**

### **CityU Visitation Team**

55. The team nominated for the interim visitation to CityU, Hong Kong, in February 2021 was received and Education Committee ratified the names listed.

### **Statutory Membership Exam (SME)**

#### **Updated Guidance**

56. The Committee heard that the SME guidance is issued in November so that candidates have sufficient notice of any changes and thereby reducing the risk of appeal. Usually, the written exams are in April, followed by the OSCE exams in August giving enough time for feedback and updating the guidance. This year, however, the OSCEs are in December which has not allowed for such a straightforward process. None the less, the guidelines have been updated and approved by the SME board and by PQSC and include in the appendix the current Covid related changes so that they can be seen by all. Education Committee approved the guidance.

### **Remote Invigilation**

57. The Committee were reminded that the written component of the 2020 diet of the Statutory Membership Examination was run remotely using Exemplify. Given the current situation with COVID-19, Education Committee agreed to allow the 2021 cohort to sit the examination remotely following the same process as was used in the 2020 diet.

### **Appeal Outcome**

58. One appeal was received following the written component of the exam based on the candidate failing by one mark, which was less than 1 percent. The appeal was reviewed thoroughly by the appeal board, and whilst they sympathised with the candidate the appeal was not upheld.

### **RCVS Review of Vet School Plans**

59. The constraints put in place due to the pandemic, including restrictions on travel and lockdown measures, resulted in significant disruption across the Higher Education Sector. As universities were unable to allow students on site, alternative plans were necessary to ensure continued delivery of courses.
60. In order for RCVS to meet its statutory obligations, it was essential that these temporary changes to the delivery of vet programmes be considered, so that the College could be assured of the standards and outcomes in terms of graduates having demonstrated that they meet the Day One Competences (D1C). Therefore, schools were asked to submit their alternative plans for teaching and assessment to the RCVS for consideration.
61. A panel comprising the Chair of Education Committee, the RCVS Director of Education and an independent expert was set up to review these plans and, following consideration, provided both generic and specific feedback to each of the schools.
62. It had been agreed that Education Committee would receive the feedback on programme changes that had been sent to each school, as confidential items, and these were noted. It was reported that the next update from schools was received on in October and was currently being considered

### **Certificate in Advanced Veterinary Practice (CertAVP)**

63. Dr Melissa Donald gave an oral update of the CertAVP sub-committee meeting held on the 4 November, the first for Melissa as Chair and for Rob White from Nottingham. Liz Chan from the RVC has also been invited to join the sub-committee but had a previous engagement. The Committee heard that the sub-committee had approved a 3<sup>rd</sup> attempt for a candidate at the synoptic exam, an update of the ECC modules reviewed by Liverpool and the RVC and accredited Nottingham to assess the 5 new Small Animal Advanced Clinical Practice modules which they have developed and have recently been added to the modular certificate scheme.
64. The quantitative results of the CertAVP review questionnaire were intended to come to the CertAVP meeting and to Education Committee but it was felt that without the qualitative results and the desk research these would be misleading. The CertAVP sub-committee will have an extraordinary meeting in January to discuss the results which can then come to Education Committee in February.

### **Advanced Practitioners**

#### **List of new approved and re-approved advanced practitioners**

65. The Committee noted the lists of approved and re-approved Advanced Practitioners.

### **Professional Development Phase (PDP) Statistics**

66. The Committee received and noted a paper providing an update on the sign-up and completion data for the Professional Development Phase.

### **Fellowship Subcommittee**

67. The Committee noted the minutes from the meeting held on the 9 September 2020.
68. There was a comment around the lack of diversity within the membership of the sub-committee. However, as the final remaining candidates on the Fellowship by Thesis route would only be enrolled until August 2022, the sub-committee's work was winding down and would no longer need to be in place passed that date. Therefore, it was agreed that the membership would not be reviewed.

### **Recommendation for award of Diploma of Fellowship by Thesis**

69. The Fellowship Sub-Committee had also put forward a recommendation to award the Diploma of Fellowship by Thesis to candidate T/768, following the examiners' initial recommendation. Education Committee agreed to recommend the award to Council for final ratification.

### **Risk Register**

70. The committee received and noted the risk register for the Education Department.
71. The committee reviewed the reports and based on the discussions at the meeting to add risks in relation to students not being able to undertake placements/complete EMS, undermining other countries' degrees through members going through the stat exam, re-negotiating mutual recognition agreements and not being able to graduate this year's cohort.

### **Date of next meeting**

72. Tuesday 9th February 2020 at 10am

Britta Crawford  
Committee Secretary  
November 2020  
[b.crawford@rcvs.org.uk](mailto:b.crawford@rcvs.org.uk)



Summary	
Meeting	Council
Date	21 January 2021
Title	Unclassified minutes and Confidential Appendix of Finance and Resources Committee, 12 November 2020.
Summary	A meeting of the RCVS Finance and Resources Committee Minutes and Confidential Appendix
Decisions required	To note the minutes
Attachments	Confidential Appendix
Author	Alan Quinn-Byrne Governance Officer/Secretary <a href="mailto:a.quinn-byrne@rcvs.org.uk">a.quinn-byrne@rcvs.org.uk</a> / T 020 7227 3505

Classifications		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a
Classified Appendix	<b>Confidential</b>	<b>1, 2, 3, 4</b>

**<sup>1</sup>Classifications explained**

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

**<sup>2</sup>Classification rationales**

Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Minutes of the Finance and Resources Committee (FRC) held remotely via Microsoft Teams on Thursday, 12 November 2020.

### Members:

Professor S Dawson	Chair / RCVS Treasurer
Dr C L Scudamore	Representative from Education Committee
Dr C W Tufnell	Representative from Advancement of Professions Committee
Ms J S M Worthington	Lay Member RCVS Council
Mr M L Peaty	Representative from Standards Committee
Mr M E Rendle	RCVS Council / Veterinary Nurse Chair
Dr M A Donald	Representative from PIC/DC Liaison Committee
Mr T J Walker	Lay Member RCVS Council
Ms J Davidson*	Representative from Veterinary Nurses' Council
Dr R S Stephenson	Elected member RCVS Council

\*Denotes absent

### In attendance:

Ms L Lockett	CEO
Ms E Ferguson	Registrar / Director of Legal Services
Ms C McCann	Director of Operations (DoO)
Mr A Quinn-Byrne	Secretary FRC/Governance Officer

### Apologies for absence

1. Apologies had been received from Ms Davidson.

### Declarations of interest

2. There were no new declarations of interest to note.

### Minutes of the meeting held on 10 September 2020

3. There were no comments / amendments to add to the September 2020 minutes, and it was agreed they were a true reflection of the meeting.

### Standing items

#### Update from Director of Operations (DoO)

- i. Status of Audit

4. It was confirmed that the Audit planning letter (APL) would be circulated to the Committee at its next meeting, in February 2021. The APL had been considered and approved by the Audit and Risk Committee (ARC).

ii. **Fraud and data protection**

5. There were no matters to report.

iii. **HR update**

6. Two Case Managers had been appointed in the Professional Conduct Department and no staff had left since the last meeting.

iv. **Estates Strategy Update**

7. Confidential information is available in the classified appendix at paragraphs 1-9.

## **Appeals Committee**

8. It was noted that there was one appeal on the Statutory Membership Exam.

## **Registration Committee**

9. The newly formed Registration Committee had held its first meeting on 1 October 2020. Following a decision at that meeting, a paper had been circulated to FRC, that outlined a proposal for the regulation of veterinary technicians and recommended the establishment of a Working Party to further investigate this possibility. Membership and Terms of Reference of the Working Party had been agreed by the Registration Committee.

10. Confidential information is available in the classified appendix at paragraph 39.

11. The Committee voted in favour of this proposal.

**Decision taken: To fund the Vet Tech Working Party**

## **Items to note**

## **Reports of Committees**

### **Advancement of the Professions (APC) – Environmental and Sustainability Working Party**

12. A paper had been circulated to the Committee prior to the meeting that outlined a proposal for the creation of a new working party to create a formal environment and sustainability policy for the

RCVS. The proposed membership and Terms of Reference had been approved by the Advancement of the Professions Committee.

13. Confidential information is available in the classified appendix at paragraph 40.

14. The Committee voted in favour of this proposal.

**Decision taken: To fund the Environmental and Sustainability Working Party**

15. Confidential information is available in the classified appendix at paragraph 38.

16. There was no update from PIC/DC Liaison Committee.

### Risk Register

17. Confidential information is available in the classified appendix at paragraphs 10-13

### Management accounts

18. The management accounts for the nine months to 30 September 2020 had been circulated to the Committee for note.

19. Confidential information is available in the classified appendix at paragraph 14.

### Investment update

20. Confidential information is available in the classified appendix at paragraph 15.

### Items for decision/discussion

### Contract Register process

21. Confidential information is available in the classified appendix at paragraphs 16-22

### Register of Veterinary Practice Premises (RVPP) update

22. There were no further developments at this stage.

### Continuing Professional Development (CPD) admin fee

23. Confidential information is available in the classified appendix at paragraphs 23-25

### Refugee support proposal

24. Confidential information is available in the classified appendix at paragraphs 26-29.

### Elavon credit card transaction proposal

25. Confidential information is available in the classified appendix at paragraphs 30 -32.

### Data-sharing paper

26. Confidential information is available in the classified appendix at paragraphs 33-37.

### AOB

27. There was no other business

### Date of Next Meeting

28. The date of the next meeting is Thursday, 11 February 2021.

## Summary

Meeting	Council
Date	21 January 2021
Title	Registration Committee Minutes
Summary	<p>Minutes of the meeting of the RCVS Registration Committee held on 20 October 2020, in particular to note:</p> <ul style="list-style-type: none"> <li>• Creation of Vet Tech Working Party – Approved</li> <li>• Temporary Registration Applications</li> </ul>
Decisions required	To note the minutes
Attachments	None
Author	<p>Alan Quinn-Byrne Governance Officer/Secretary <a href="mailto:a.quinn-byrne@rcvs.org.uk">a.quinn-byrne@rcvs.org.uk</a> / T 020 7227 3505</p>

## Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a

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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>



## Minutes of the Registration Committee held on 20 October 2020 online via Microsoft Teams.

### Members:

Mrs Belinda Andrews-Jones	VN Council representative
Dr Niall Connell	Senior Vice-President - Chair
Prof Susan Dawson	Treasurer
Ms Eleanor Ferguson	Registrar
Ms Linda Ford	
Dr Mandisa Green	President
Ms Lizzie Lockett	CEO
Ms Corrie McCann	Director of Operations
Mr Martin Peaty	
Dr Kate Richards	
*Dr Chris Tufnell	
Mr Ben Myring	Policy and Public Affairs Manager (PPAM)
Mr Alan Quinn-Byrne	Secretary/Governance Officer

\*Not in attendance – apologies received

### Apologies for absence

1. Dr Chris Tufnell sent his apologies.

### Declarations of interest

2. Ms Linda Ford declared that she was part of the Panel that heard the registration appeal of the applicant, who has sent queries to this Committee on whether he can be admitted into the temporary register. (Agenda Item 5)

### Creation of new Registration Working Party

3. RCVS's Policy and Public Affairs Manager (PPAM) presented a paper to the Committee which outlined a proposal for the regulation of veterinary technicians and recommended the establishment of a working party to further investigate this possibility.
4. It was noted that The Royal College of Veterinary Surgeons Supplementary Charter of 2015 empowered the College to create Associates of the College as a mechanism for formally regulating paraprofessionals. At present the only Associates of the College are veterinary nurses.
5. The 2019 Report of the Exemption Orders and Associates Working Party (EO&AWP) created criteria against which the College could consider the regulation of additional paraprofessional groups working within the vet-led team. The 2020 Legislation Working Party report built on this by

recommending that the College should become an 'umbrella regulator' for the vet-led team, thereby assuring animal health and welfare and public health, with priority given to paraprofessionals whose work involves acts of veterinary surgery.

6. It was noted that one such group of paraprofessionals are 'veterinary technicians' ('vet techs'). At the moment this title is used for a number of practitioners undertaking a variety of tasks and procedures related to farm animals, as part of the vet-led team. Some of these procedures are acts of veterinary surgery underpinned by Exemption Orders to the Veterinary Surgeons Act.
7. It was clarified for the Committee that Discussions have been ongoing with a number of groups including veterinary technicians (vet techs) who are exploring avenues towards becoming Associates of the RCVS.
8. As the Policy and Public Affairs Manager noted in his paper circulated to the committee prior to this meeting that:

*"Vet techs are currently employed by a number of veterinary practices, working as part of the vet-led team. The vet tech aids the veterinary surgeon to monitor and improve health and welfare of livestock through preventative measures. They may deliver treatment following a diagnosis carried out by a veterinary surgeon when an agreed treatment protocol with the vet practice has been put in place. They will typically collect data on incidences of certain health conditions, which will help in setting health and disease control plans. Some of the tasks, such as the administration of vaccinations, tuberculin testing and disbudding, are underpinned by Exemption Orders, while others require no legislative underpinning".*

9. Council have agreed the setting up of this Committee and the first act to come before this committee is the creation of a Working Group to work on proposals for the regulation of veterinary technicians, which would in turn make formal recommendations to Council to take decisions on how matters go forward.
10. In recent years a number of farm animal veterinary practices have approached the College to propose that veterinary technicians should become a formally recognised paraprofession regulated by the College. Separately, the Animal and Plant Health Agency (APHA) have begun a dialogue with the RCVS concerning the possibility of Approved Tuberculin Testers (ATTs) developing an expanded role which could be formally regulated.
11. The College subsequently brought APHA and representatives of the veterinary practices together to see whether there was common ground. This has led to detailed proposals being developed for a defined role specification and a veterinary technician qualification, and APHA have continued to support the possibility of ATTs (and potentially other roles such as Animal Health Officers and Certification Support Officers) being underpinned by a new common qualification and regulatory framework. Formal RCVS support is now likely to be fundamental to further progress.
12. Discussions have now reached a point where the College needs to consider whether to pursue the regulation of veterinary technicians. As there is no voluntary regulation organisation in place that could be granted Accreditation by the College (a more 'distant' form of paraprofessional regulation, best suited where acts of veterinary surgery are not carried out by the paraprofession)

the Associate route has been identified as the appropriate way of achieving this. In order to investigate this possibility, the Registration Committee are asked to consider approving a working party to take this work forward and draw up formal recommendations.

13. The Committee praised this work as an important step forward and “well overdue”.
14. The Animal Plant and Health Authorities’ (APHA)’s interest in the role was queried, and it was noted that the APHA are keen to expand the role of Approved Tuberculin Testers (ATTs) and saw merit in merging it into a wider vet tech role.
15. It was raised that there should be a push to protect in the form of intellectual property the name or names of these roles similar to how veterinary surgeons and nursing titles are protected.
16. It was queried whether if there were other roles that Veterinary Technicians would incorporate, such as Cattle Foot Trimmers. It was agreed that this should be a discussion for the working party.
17. It was confirmed that, as currently envisioned, the vet tech role regulation would work within the parameters of what is currently allowed under the law, and what is housed in current legislation under the veterinary surgeon’s act and or exemption orders. With the goal to build and expand vet tech role, it is envisaged that an initial creation of a framework for the vet tech role be established and this could potentially be added to over time as the wider definition and role of vet techs expands
18. It was noted that it was important that in the working party group proposed there was a representative of the education team, as a new vet tech qualification would be considered.
19. It was queried whether sheep scanners were going to be included in the vet tech role, in order to clarify this point the new subcommittee could potentially bring a sheep expert in to discuss this.
20. The Registration Committee unanimously approved the setup of the working party.
21. The Secretary of this working party will be the RCVS Policy and Public Affairs Manager.

**Decision: The Creation of the proposed Working Party was accepted**

### Applications for Temporary Registration

22. The applicant a non-EU Graduate, has written to the Registration Committee to seek clarity on whether he could register on the temporary register. It was queried by the applicant whether the RCVS can include non-EU graduates with EAEVE Recognised degrees. It was also queried whether Non -EU vets with EAEVE degrees will be allowed to register from January 2021 without the need to sit the statutory exam and the applicant referred to the Statutory Instrument.
23. The applicant prior to this meeting received responses from Ms J Harris and Mr B Myring from the Royal College of Veterinary Surgeons.

24. It was noted to the Committee that communication sent to the applicant on 13<sup>th</sup> October 2020 clearly advises that regarding RCVS, our preference would be to only take account of an applicant's qualification rather than nationality and we have indicated this to the government. It would very much depend on what situation comes into being regarding whether there is a trade deal or no deal situation.
25. It was confirmed to the Committee once further clarification on a trade deal was decided and greater understanding of what is taking place politically and what that means for us, we would certainly be communicating this information far and wide.
26. **[Post Meeting note]**
27. The Chair of the Registration Committee wrote to the applicant to confirm the above position and asked him to keep vigilant and watch for new information as it comes up on the RCVS Website. It was confirmed to the applicant that the application was denied on the above grounds.

### Post Meeting Temporary Registrations

28. The Following Temporary Registration (TR) Applications were accepted post-Registration meeting between October and December 2020.
- i. TR application December 2020:
- The applicant applied for the employed category of temporary registration for the role of Veterinary Pathologist for a period of five years commencing as soon as possible.
- ii. TR application November 2020:
- The Applicant in question, is applying for the 'postgraduate education' category of temporary registration for the *MSc in Wild Animal Health*. The course started online on 21 September 2020, but the applicant is seeking temporary registration for the period from 1 January 2021 to 17 September 2021 so that the 'practical & project' elements can be completed.

### Any other business

29. There was no other business.

### Date of next meeting

10 February 2020.

Summary	
Meeting	Council
Date	21 January 2021
Title	Standards Committee Minutes
Summary	<p>Minutes of Standards Committee held on Monday, 9 November 2020 at 10am remotely. In particular, the Committee is to note:</p> <p>a. Standards and Advice update</p> <p>The Committee were advised that there have been 194 further advice cases, including emails and phone calls, relating to the Covid-19 Guidance since September. This brings the total to 2,323 Covid-19 cases in 2020 – which accounts for about half of the total number of Advice cases for 2020 (5,482).</p> <p>b. Equine ID</p> <p>The Committee approved the proposed guidance relating to equine ownership disputes. The Committee were also provided with drafts of the newly separated Chapters 29 (small animal) and 30 (equine).</p> <p>The Committee's attention is drawn to paragraphs 6-8 and 14-15 in the classified appendix.</p>
Decisions required	n/a
Attachments	Classified appendix
Author	<p>Beth Jinks</p> <p>Senior Standards and Advisory Officer</p> <p><a href="mailto:b.jinks@rcvs.org.uk">b.jinks@rcvs.org.uk</a></p>

Classifications		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a
Classified appendix	<b>Confidential</b>	<b>1, 2 and 3</b>

**1Classifications explained**

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**2Classification rationales**

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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Minutes of the Standards Committee held remotely on Monday, 9 November 2020, at 10 am

**Members:**

Mr M Castle	
Mrs C Roberts	
Dr M A Donald	Chair
Mr D Leicester	
Ms C-L McLaughlan	
Mr M Peaty	
Ms B Andrews-Jones	
Miss L Belton	
Dr C Allen	

**In attendance:**

Ms E C Ferguson	Registrar
Mrs L Price	Head of Standards
Ms B Jinks	Senior Standards and Advice Officer
Ms K Richardson	Senior Standards and Advice Officer/Solicitor
Mrs S Bruce-Smith	Standards and Advice Officer
	<i>Present for AI 4(b) only</i>
Ms L Lockett	CEO
Dr M Greene	President
Ms L Lipman	PSS manager
	<i>Present for AI 3(b) only</i>
Mr B Myring	Policy and Public Affairs manager
	<i>Present for AI 3(c) only</i>

### AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the President and CEO to the meeting as observers. Apologies were received from Dr Allen and Nick Oldham.
2. There were no new declarations of interest.

### AI 1 Minutes of last meeting held on 7 September 2020

3. It was agreed that the minutes of the last meeting are accurate.

4. It was reported that every action item has either been actioned or appears on the agenda for this meeting.

## AI 2 Standards and Advice Update

5. The Senior Standards and Advice Officer provided an update to the Committee on the Standard and Advice team's work since September's meeting:
  - a) There have been 194 further advice cases, including emails and phone calls, relating to the Covid-19 Guidance since September. This brings the total to 2,323 Covid-19 cases in 2020 – which accounts for about half of the total number of Advice cases for 2020 (5,482).
  - b) The RVP Framework project is progressing, with feedback received from external stakeholders such as the Home Office and the VMD. The feedback has been sent to the RVP Small Group (the 'Group'), as well as a new version of the Framework presented in an FAQ format instead of a flowchart, which the Group will consider for readability and applicability for vets in practice who are not involved in research. The team is arranging meetings with the VMD and the Home Office to discuss the definition of 'immediate peer group' which is pertinent to the whole RVP Framework project.
6. Confidential information is available in the classified appendix at paragraphs 1 and 2.

## Matters for decision

### AI 3(a) Covid-19 temporary guidance on remote prescribing – Confidential

7. Confidential information is available in the classified appendix at paragraphs 3-5.

### AI 3(b) PSS recommendations from PSG – Confidential

8. Confidential information is available in the classified appendix at paragraphs 6-13.

### AI 3(c) MSK practitioners– Confidential

9. Confidential information is available in the classified appendix at paragraphs 14 and 15.

### AI 3(d) Equine ID

10. The Committee were asked to review and approve the proposed guidance in Chapter 29 and the new Chapter 30 of the supporting guidance to the Code of Conduct.



11. The following slight amendments were requested:
- a) Chapter 29: 29.38 a full stop is required after 'disclosure' and before 'under';
  - b) Chapter 30: 30.2 'will become' should be changed to 'became';
  - c) Chapter 30: 30.10 - The word 'be' is to be added; and
  - d) Chapter 30: 30.11 it should be added that a practical way of fulfilling this obligation is for the microchips to be checked in the practice before they are taken for implantation.
12. It was clarified that the "Ownership dispute" section of Chapter 30 is for review and will be presented in its final form for decision at a later date, after it has been reviewed and contributed to by BEVA.
13. The Committee approved the guidance in Chapter 29 (save for the amendment noted above).
- Action: Standards and Advice Team**

#### AI 4(a) DC report

14. The report was noted.

#### AI 4(b) Riding Establishments Subcommittee report

*Stephanie Bruce-Smith joined the meeting.*

15. The report was noted and the Committee were advised that the RESC AGM is taking place on 16 November 2020. A number of matters will be discussed including the scoring system and guidelines for England, plus 2021 training.

*Stephanie Bruce-Smith left the meeting.*

#### AI 4(c) PSS report

16. The report was noted, and an oral update was provided regarding PSS assessments. The Committee were advised that PSS face to face assessments have been suspended in light of new covid restrictions and remote assessments commenced in October. The feedback from VMD and practices has so far overall been positive. The VMD will review its approval of remote assessments at the end of February 2021.
17. The Committee were advised that PSS awards are currently suspended for a period of 6 months and the decision is to be reviewed at PSG in January 2021. There has been a 12 month extension to all practices that currently hold PSS awards. In addition, a virtual awards ceremony will take place on 3 December.

18. PSG has agreed to the suspension of the new PSS edits rollout in light of social distancing measures which will be reviewed at the next PSG in January.

#### AI 5(a) RVP Subcommittee report – Confidential

19. Confidential information is available in the classified appendix at paragraph 16.

#### AI 5(b) ERP report – Confidential

20. Confidential information is available in the classified appendix at paragraph 17.

#### AI 5(c) Certification subcommittee report – Confidential

21. Confidential information is available in the classified appendix at paragraph 18.

#### Risk and equality

22. Nothing noted. It was agreed that at the next meeting of this Committee there will be 'top 5' risks listed for discussion.

**Action: Head of Standards**

#### Any other business and date of next meeting

#### Recognised Veterinary Practice Subcommittee advice on standalone gastropexy:

23. Confidential information is available in the classified appendix at paragraphs 19 and 20.

#### Date of next meeting

24. The date of the next meeting is 8 February 2021.

#### Table of actions

Paragraph(s)	Action	Assigned to
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10-13	Publish Chapter 29 (with amendment) and send Chapter 30 (with amendments) for review to BEVA	<b>Standards and Advice Team</b>
22	List of 'top 5' risks	<b>Head of Standards</b>

Summary	
Meeting	Council
Date	21 January 2021
Title	Standards Committee Minutes
Summary	<p>Minutes of Standards Committee held remotely on Tuesday, 15 December 2020, at 13:30. In particular, the Committee is to note:</p> <p>a. Groupage export facilitation scheme (GEFS)</p> <p>The Committee were advised that the APHA have proposed that the GEFS guidance be updated to allow FCCOs (Food Competent Certifying Officer) to provide a GEFS support attestation to Certifying Officers provided that they do so in compliance with the principles agreed in the RCVS Code of Professional Conduct, Supporting Guidance chapter 21, para 21.A.5.</p> <p>b. Medicines cascade</p> <p>The Committee were informed that in light of the UK's exit from the EU, the prescribing cascade has been amended by the VMD. Via email after the meeting, the Committee agreed changes to the veterinary medicines chapter of the Supporting Guidance, chapter 4.</p> <p>The Committee's attention is drawn to paragraphs 1 – 5 in the classified appendix.</p>
Decisions required	n/a
Attachments	Classified appendix
Author	<p>Beth Jinks</p> <p>Senior Standards and Advisory Officer</p> <p><a href="mailto:b.jinks@rcvs.org.uk">b.jinks@rcvs.org.uk</a></p>

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	n/a
Classified appendix	<b>Confidential</b>	<b>1, 2 and 3</b>

<b>1Classifications explained</b>	
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<b>2Classification rationales</b>	
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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Minutes of the Standards Committee held remotely on Tuesday, 15 December 2020, at 13:30

**Members:**

Mr M Castle	
Mrs C Roberts	
Dr M A Donald	Chair
Mr D Leicester	
Ms C-L McLaughlan	
Mr M Peaty	
Ms B Andrews-Jones	
Miss L Belton	
Dr C Allen	

**In attendance:**

Ms E C Ferguson	Registrar
Mrs L Price	Head of Standards
Ms B Jinks	Senior Standards and Advice Officer
Ms L Lockett	CEO
Dr M Greene	President

### Apologies for absence and declarations of interest

1. The Chair welcomed the President and CEO to the meeting as observers. Apologies were received from Professor James Wood.
2. There were no new declarations of interest.

### Groupage export facilitation scheme (GEFS)

3. The Committee considered the following proposals from APHA:
  - a) In relation to the current GEFS guidance, this states that only registered vets or Certification Support Officers (CSOs) working under direction of the Certifying Officer can sign GEFS support attestations but does not permit Food Competent Certifying Officer (FCCOs) to do the same. Originally, it was not envisaged that there would be demand for FCCOs to sign GEFS support attestations, as FCCOs are primarily responsible for certification of fishery products – for which GEFS would not be widely used. However, since launching the scheme APHA have been made aware that a number of exporters intend to make use of GEFS to support the export of a range of such products which otherwise comply with GEFS scheme requirements (e.g. canned or smoked fishery products that originate from stable supply chains and are fully packaged for the final consumer). The APHA proposed that the GEFS guidance be updated to allow FCCOs to provide a GEFS support attestation to Certifying Officers provided that they do so in compliance with the principles agreed in the RCVS Code of Professional Conduct, Supporting Guidance chapter 21, para 21.A.5.

- b) The Isle of Man (IoM) is a Crown Dependency of the UK with its own distinct Competent Authority which is separate to the UK Competent Authority. FCCOs and CSOs, under the current guidance, need to have powers designated by the UK Competent Authority. It is therefore proposed that the guidance be amended to include that powers can be designated by the equivalent IoM Competent authority. Further, APHA has suggested that other Crown Dependency Competent Authorities may also be able to designate these powers in the future, if they commit to following the same policy as set out by the APHA and RCVS.
4. The Committee agreed:
- a) The extension of FCCOs to individuals designated by the Isle of Man Competent Authority (and in principle also for other Crown Dependencies subject to assurances from APHA in relation to the systems in place in each).
  - b) The extension of the GEFS to allow FCCOs to sign GEFS support attestations for products the FCCOs could certify in their own right.
  - c) For the wording proposed by APHA to be added to Chapter 21 of the supporting guidance.

#### **Medicines cascade**

5. The Committee were informed that in light of the UK's exit from the EU, the prescribing cascade has been amended by the VMD. These changes will come into force on 1 January 2021.
6. There will be two separate sets of guidance – one for those practising in Great Britain, and one for those practising in Northern Ireland.
7. There was discussion about European medicines on Special Import Certificates and potential issues in obtaining commonly used veterinary medicines, however the Committee also commented that it may also make some medicines more accessible as they move further up the cascade, for example antivenom from the EU.
8. The Committee will be sent the amendments to chapter 4 of the supporting guidance to the Code, which relates to the cascade, by email after this meeting, for the Committee's review and agreement.

#### **Under care - Confidential**

9. Confidential information is available in the classified appendix at paragraphs 1-4.

#### **AOB - Confidential**

10. Confidential information is available in the classified appendix at paragraph 5.

Summary	
Meeting	Council
Date	Thursday, 21 January 2021
Title	Minutes from Preliminary Investigation Committee and Disciplinary Committee Liaison Committee Report of 19 November 2020
Summary	The Committee discussed the ongoing hard work in the ProfCon department as well as the VCMS and the DC's which continued to take place having a particular focus on how COVID-19 had impacted them.
Decisions required	None
Attachments	Classified appendix
Author	Hannah Alderton Secretary, PIC DC LC 020 7856 1033 <a href="mailto:h.alderon@rcvs.org.uk">h.alderon@rcvs.org.uk</a>

Classifications		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a
Classified appendix	<b>Confidential</b>	<b>4</b>



**<sup>1</sup>Classifications explained**

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## Minutes of the Preliminary Investigation Committee / Disciplinary Committee Liaison Committee meeting held on Thursday, 19 November 2020

<b>Members:</b>	Dr D J Argyle*	Member of Council / Junior Vice President (Chair)
	Mr I Arundale*	Chair, DC
	Dr S Dawson	Member of Council / Treasurer
	Dr M A Donald	Chair, SC
	Mrs S K Edwards	Chair, RVN PIC
	Dr N C Smith*	Member of Council
	Dr C W Tufnell	Member of Council
	Dr B P Viner	Chair, PIC
	Ms J S M Worthington	Member of Council

<b>In attendance:</b>	Miss H Alderton	Secretary
	Ms E C Ferguson	Registrar / Director of Legal Services
	Ms L Lockett	CEO
	Ms G Crossley	Head of Professional Conduct
	Miss Y Yusuph*	DC Clerk

\*Denotes absent

### Apologies for absence

1. Apologies for absence were received from Mr I Arundale, Dr N C Smith and Miss Y Yusuph.

### Declarations of interest

2. It was stated that there were no new declarations of interest.

### Minutes of the meeting held on Thursday, 17 September 2020

3. It was pointed out that the members present at the meeting list was missing, the secretary confirmed that this was an accidental omission and would rectify this.
4. It was asked if Council had seen a copy of the draft consultation discussed in paragraph 10. The paper had been seen and approved by Council at its October meeting.
5. The Minutes were approved with the addition of the list of members being added.

## Updates – general

6. This information can be found at paragraph 1 of the confidential appendix.
7. It was explained that the Disciplinary hearing that had been taking place in Ipswich, for which extensive COVID-19 and social distancing measures had been put in place, had had one of the lay members of the panel taken ill. The illness was not COVID-19 related and without the member the Committee was not quorate, after the respondent's objection to the lay member attending the hearing via zoom, the hearing had been adjourned.
8. The work being done on the website's accessibility was still underway and the Communications team was working with the Professional Conduct team to get that completed.
9. It was asked who had made the decision not to continue the hearing in a hybrid way, where part of the Committee was present in person and others on Zoom? Some members of the Committee had experienced this type of meeting and had found it very successful. The Registrar clarified that ultimately it was the Disciplinary Committee's decision, but that it had come to that conclusion on the basis of the Respondent's objections. It was explained that the respondent's barrister had taken much longer than originally planned in cross-examination, which led to the time estimate for the case being too short, consequently the Disciplinary Committee was aware that they would have had to adjourn further on in the process and may have felt it was not worth the possible appeal point in objecting to the respondent's application to adjourn at this earlier point.
10. The Committee questioned whether the RCVS allowed any leeway on the quorum numbers? If that were the reason for the adjournment, could additional members on each panel prevent that outcome in the future? It was clarified that the Disciplinary Committee had to, at minimum, consist of two veterinary members, two lay members and then an additional one of either, and that this was not optional. This information can be found at paragraph 2 of the confidential appendix.

## Monitoring/performance/working methods/outcomes/dashboard/KPIs

11. The papers were felt to be self-explanatory and parts of the papers were highlighted. The stage one compliance for October was at 92%, which the department was very pleased with and the team were praised for their hard work. The Head of the Professional Conduct Department and the Registrar had completed an audit on the enquiries that were taking place and it was determined that there were no clear issues. The only point of improvement was the number of unnecessary complaint forms being handed out. However, it was pointed out that with some complainants they would not stop contacting the College/practice until their issue had been logged even if it was clear the issue would not pass the threshold for disgraceful misconduct, so in those cases it was more time-efficient to issue the form.
12. The Head of Professional Conduct and the Chair of the PIC had reviewed 15 cases at the request of complainants. While the majority of reviews conclude by endorsing the original decision made, unusually, in five of these cases further investigation had been required and the matters had been referred to PIC for consideration. It was explained that some of these cases

had had the wrong threshold test applied to them, while for one of them a point had been missed, and in the remaining cases new issues had been raised, which could not be helped.

13. The Professional Conduct department had two new case managers, both were learning the role and settling in well. The Committee praised the whole team for how well they were doing in such difficult circumstances especially the new members who could not just turn around to get the support they may need.

### Veterinary Client Mediation Service (VCMS) feedback

14. It was explained that the VCMS had an increase in the number of enquiries and that many of these were generated from the COVID situation. The VCMS was acting as a support mechanism to many and there were high numbers of cases that were being referred back to the practices. The Registrar was having a meeting with the head of the VCMS in December to discuss matters further.
15. The Committee was told that the VCMS provided the RCVS with both quarterly reports, including detailed information, and also monthly reports, containing more limited data. It The Committee was asked if they wished to receive a paper if there had not been a quarterly report since the previous meeting, only the basic monthly statistics. It was confirmed that papers at each meeting would continue.
16. The Committee highlighted that with the rising numbers of cases, at what point would that convert into increased fees to the VCMS. It was explained that there was an agreement that at a certain amount of cases the fee would increase but they were not at that point yet. It was asked whether the Committee could receive a paper on the rough amount that each case for the VCMS cost. This would be provided. In terms of future budget for the VMCS, it was confirmed that the Committee could make a recommendation to the Finance and Resources Committee (FRC) for what they felt would be appropriate and the FRC would make a final recommendation to Council, taking into account the College budget as a whole. The Registrar highlighted that the VCMS was worth the money as it handled complaints that would otherwise come through the RCVS, thus incurring costs.
17. It was asked if people were aware that the VCMS actively promoted itself on social media, the College was aware and had previously spoken to VCMS about that point as there was a line between advertising their existence and trying to encourage business.
18. The Committee acknowledged the increase in practice engagement with the VCMS process and how that could be something to continue to encourage.

### Disciplinary Committee Report

19. The Disciplinary Report was felt to be self-explanatory and questions were welcomed.

20. A member of the Committee asked about one of the cases heard and was concerned about the Disciplinary Committee's choice of language in its decision. The Committee had stated 'this was a momentary lapse of careless driving', it was felt that this 'went behind' the conviction given for dangerous driving. It was explained that the conviction was in fact for careless driving and not dangerous and that this had been a major discussion point for the PIC when deciding to refer the matter to DC. A few cases of this nature had now been considered by DC and the outcomes, feeding back to PIC would help to inform their future decision making.

### Feedback to Standards Committee v.v. Liaison Committee

21. A case had been brought to PIC from the case examiner group that involved the same subject matter on which there had been advice to another sometime ago via the Standards team. The Committee asked whether there was a way that the ProfCon team could access a database that showed all the advice the Standards team had given to individuals. It was explained that there were meetings between the two departments where formal changes to the guidance were discussed but this could potentially be extended to relevant individual cases. The College was not aware that this was an ongoing problem and saw it as isolated incident, the database was seen as something that might not be possible as cases were classified broadly and so it would be hard for case managers to find relevant information effectively.

### Risk Register, equality and diversity

22. It was confirmed there was nothing to add.

### Any other business

23. It was confirmed that there was no other business.

### Date of next meeting

24. The date of the next meeting was confirmed as Thursday, 18 February 2020 at 10:00 am.

Hannah Alderton  
Secretary, PIC / DC Liaison Committee  
020 7856 1033  
[h.alderon@rcvs.org.uk](mailto:h.alderon@rcvs.org.uk)

## Summary

Meeting	Council
Date	21 January 2021
Title	Preliminary Investigation Committee Report to Council
Summary	This report describes the work of the Preliminary Investigation Committee since RCVS Council's last meeting, including by reference to key stage indicators, and provides information about the nature of concerns being considered by the RCVS.
Decisions required	None
Attachments	None
Authors	<p>Chris Murdoch Senior Case Manager <a href="mailto:c.murdoch@rcvs.org.uk">c.murdoch@rcvs.org.uk</a></p> <p>Gemma Crossley Head of Professional Conduct <a href="mailto:g.crossley@rcvs.org.uk">g.crossley@rcvs.org.uk</a></p>

## Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a

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## Preliminary Investigation Committee

### Report to Council 21 January 2021

#### Introduction

1. This report provides information about the activities of the Preliminary Investigation Committee from 19 September 2020 to 7 January 2021 (being the date of writing the report).
2. Since the last Report to Council (which gave information to 18 September), there have been seven Preliminary Investigation Committee (PIC) meetings: 7 October, 21 October, 4 November, 18 November, 2 December, 16 December and 6 January.

#### New cases considered by the PIC

3. The total number of new cases considered by the Committee at the seven meetings referred to above is 19. Of the 19 new cases considered:
  - 12 were concluded at first consideration by the Committee. Of these:
    - 8 cases were closed with no further action, and
    - 4 cases were closed with advice issued to the veterinary surgeon.
  - 7 were referred for further investigation, that is, further enquiries, visits and/or preliminary expert reports, and
  - No cases were referred to DC.
4. No cases have been referred to the RCVS Health or Performance Protocols in the reporting period.

#### Ongoing Investigations

5. The PI Committee is currently investigating 25 ongoing cases where the Committee has requested statements, visits or preliminary expert reports (for example). This figure does not include cases on the Health and Performance Protocols.

#### Health Protocol

6. There are two veterinary surgeons either under assessment or currently on the RCVS Health Protocol. At its meeting on 6 January the Committee discharged a veterinary surgeon who had been on the Health Protocol for around six years. The veterinary surgeon had actively engaged with support networks and cooperated with workplace supervisors during that time. It was considered that the individual had made significant progress and that there was no further need for undertakings or supervision.

#### Performance Protocol

7. There are no veterinary surgeons currently on the RCVS Performance Protocol.



**Professional Conduct Department - Enquiries and concerns**

8. Before registering a concern with the RCVS, potential complainants must make an Enquiry (either in writing or by telephone), so that Case Managers can consider with the enquirer whether they should raise a formal concern or whether the matter would be more appropriately dealt with through the Veterinary Client Mediation Service.
9. In the period 19 September 2020 to 7 January 2021,
- the number of matters registered as Enquiries was 914, and
  - the number of formal Concerns registered in the same period was 180.
10. The table below shows the categories of matters registered as Concerns between 19 September and 7 January.

***Concerns registered between 19 September 2020 and 7 January 2021***

Description of Category	Number of Cases
- Advertising and publicity	2
- Certification	3
- Client confidentiality	2
- Clinical and client records	3
- Communication and consent	12
- Communication between professional colleagues	2
- Conviction/notifiable occupation notification	4
- Delegation to veterinary nurses	0
- Equine pre-purchase examinations	0
- Euthanasia of animals	2
- Giving evidence for court	2
- Health case ( <i>potential</i> )	4
- Microchipping	0
- Miscellaneous	8
- Practice information, fees & animal insurance	3
- Referrals and second opinions	1
- Registration investigation	1
- Restoration application	0
- Social media and networking forums	0
- Treatment of animals by unqualified persons	0
- Use of samples, images, post-mortems and disposal	0
- Veterinary care	122
- Veterinary medicines	4
- Veterinary teams and leaders	0
- Whistle-blowing	2

- 24-hour emergency first aid and pain relief	3
- Unassigned	0
<b>Total</b>	<b>180</b>

*Data source – Profcon computer system concerns data.*

### Referral to Disciplinary Committee

11. In the period 19 September 2020 to 7 January 2021, the Committee has referred two cases involving two veterinary surgeons to the Disciplinary Committee.

### Veterinary Investigators

12. The Veterinary Investigators have carried out three visits during the reporting period, during the period when restrictions had been lifted sufficiently to allow them to take place safely. The first was an announced visit to a veterinary surgeon to check the practice's protocols and clinical records. The second was a joint visit (unannounced) with the Veterinary Medicines Directorate to inspect the veterinary surgeon's practice. The third was an announced visit to the Complainant and the Respondent veterinary surgeon to check the practice facilities, management system and clinical records.

The RCVS is currently assisting an ongoing police/Defra Investigation Services and VMD investigation in connection with possible offences committed under the Veterinary Surgeons Act and Veterinary Medicines Regulations.

### Concerns procedure

13. At Stage 1 of the process, the aim is for the Case Examiner Group to decide 90% of cases within four months of registration of complaint (the Stage 1 KPI). For each of the months from September 2020 to December 2020 (the last complete month) the number of cases concluded and achieving the KPI is 80%, 92%, 95% and 84% respectively.
14. The Stage 2 KPI is now for the PIC to reach a decision on simple cases before it within seven months, and on complex cases within 12 months. A case is deemed to be complex where the PIC requests that witness statements and/or expert evidence be obtained.
15. In the period 19 September 2020 to 8 January 2021, the PIC reached a decision (to close, hold open or refer to DC) within the relevant KPI:
- in 9 out of 14 simple cases (64%).
16. There were a number of factors that caused delays in concluding those cases that did not meet the target, including difficulties tracing respondents and challenges arising from the pandemic. With the exception of one of these matters (in which the matter was not addressed as promptly as it should have been), the delays were entirely outwith the control of the Profcon team.
17. 3 complex cases were decided, of which 1 met the 12-month KPI. In accordance with normal practice, cases and KPI compliance in general have been or will be reported and discussed in greater detail at the PIC/DC Liaison Committee meeting.

### **Operational matters**

18. The Committee continues to meet remotely and Committee members in general feel that the virtual meetings are working well. Two virtual training sessions were held in November, with training being delivered by the College's lawyers via Zoom. As it can be difficult to maintain concentration for prolonged periods in this format, these were half-day sessions attended by PIC members and Profcon staff. Among the topics covered were dishonesty (including allegations of lying to the regulator), relevant recent case law, requests by PIC for further information (legitimate enquiry vs "fishing expeditions") and social media. Two new Case Managers started in October (one on a permanent basis and one to cover maternity leave) and both have settled in well and are making excellent progress.

### **Themes and learning for the profession**

19. The cases that are considered by the Committee continue to reflect similar themes to those in past years. As always, in many cases, communication lies at the heart of the problems.

<b>Summary</b>	
Meeting	Council
Date	21 January 2021
Title	RVN Preliminary Investigation Committee Chair's Report to Council
Summary	This report sets out the work of the Registered Veterinary Nurse (RVN) Preliminary Investigation Committee (PIC)
Decisions required	None
Attachments	None
Authors	<p>Sandra Neary Professional Conduct Officer <a href="mailto:s.neary@rcvs.org.uk">s.neary@rcvs.org.uk</a> / 020 7202 0730</p> <p>Gemma Crossley Head of Professional Conduct <a href="mailto:g.crossley@rcvs.org.uk">g.crossley@rcvs.org.uk</a> / 020 7202 0740</p>

<b>Classifications</b>		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a

**<sup>1</sup>Classifications explained**

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

**<sup>2</sup>Classification rationales**

Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Registered Veterinary Nurses Preliminary Investigation Committee

### Chair's Report to Council

#### Introduction

1. Since the last Report to Council, there have been three meetings of the RVN Preliminary Investigation Committee, which took place on 1 October, 13 October, and 24 November 2020.

#### RVN Concerns received / registered

2. In the period 1 October 2020 to 7 January 2021, there were eleven new Concerns received against RVNs. Of these eleven new Concerns:
  - Two were closed at Stage 1 of the concerns process.
  - Nine are currently under investigation by the Case Examiner Group (a veterinary nurse and lay member on RVN PIC and a Case Manager).

#### RVN Preliminary Investigation Committee

3. There have been four new concerns considered by the RVN PIC between 1 October 2020 and 7 January 2021. Two cases were closed with advice issued to the RVN. A decision on two linked cases involving the same Respondent was adjourned pending receipt of a formal signed statement from the Complainant.

#### Ongoing Investigations

4. Five concerns are currently under investigation and will be returned to the RVN PIC for a decision in due course.

#### Health Concerns

5. One RVN is currently being managed in the context of the RCVS Health Protocol.

#### Performance Concerns

6. There are currently no RVNs being managed in the context of the RCVS Performance Protocol.

#### Referral to Disciplinary Committee

7. Since the last report, the RVN PIC has referred one case to the RVN Disciplinary Committee. The hearing has been listed to take place between 18 and 22 January 2021.
8. A disciplinary hearing took place on 2 and 3 November 2020 in respect of Paul Chaney. The Veterinary Nurse Disciplinary Committee found Mr Chaney guilty of disgraceful conduct in a professional capacity in relation to all seven of the charges. The Committee directed the Registrar to remove his name from the Register. Mr Chaney did not appeal the Committee's decision and his name was removed from the register on 10 December 2020.

### Training

9. Two virtual training sessions were held in November, with training being delivered by the College's lawyers via Zoom. As it can be difficult to maintain concentration for prolonged periods in this format, these were half-day sessions attended by PIC members and Profcon staff. Among the topics covered were dishonesty (including allegations of lying to the regulator), relevant recent case law, requests by PIC for further information (legitimate enquiry vs "fishing expeditions") and social media.

Summary	
Meeting	Council
Date	21 January 2021
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the Council meeting held on 8 October 2020
Decisions required	None
Attachments	None
Author	Yemisi Yusuph Clerk to the Disciplinary Committee Tel: 020 7202 0729 Email: <a href="mailto:y.yusuph@rcvs.org.uk">y.yusuph@rcvs.org.uk</a>

Classifications		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a



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## Report of Disciplinary Committee hearings since the Council meeting on 8 October 2020

### Background

1. Since the last update to Council on 8 October 2020, the Disciplinary Committee ('the Committee') have met on 3 occasions. The RVN Disciplinary Committee have met once.
2. This years' annual training has been scheduled to take place on Wednesday 3 November and Thursday 4 November 2021.

### Hearings

#### Mr Stephen Lomax

3. On Monday 12 October 2020, the Committee met virtually to hear the Inquiry into Mr Stephen Kiernan Lomax. The Inquiry was in relation to a conviction in 2019 where, Mr Lomax was found guilty of causing death by careless driving at Shrewsbury Crown Court on 18 July 2019 and was subsequently sentenced to a 12-month community order, 300 hours' unpaid work, 15-months' driving disqualification, and ordered to pay £1,000 in prosecution costs and victim surcharge of £85.
4. The full charge can be found here: <https://www.rcvs.org.uk/document-library/lomax-stephen-kiernan-october-2020-charges/>
5. At the outset of the hearing, Mr Lomax admitted the charge against him, but did not accept that the charges rendered him unfit to practice. They were also accepted by the Committee based on its receipt of the certificate of conviction from Shrewsbury Crown Court.
6. The Committee next considered whether the conviction rendered Mr Lomax unfit to practise.
7. The submissions from the RCVS were that the conviction rendered Mr Lomax unfit to practise given the nature and severe circumstances of the conviction. That Mr Lomax's conduct was extremely serious resulting in devastating consequences in that it led to the death of a 64-year-old woman. The College further submitted that his conduct would be considered to have fallen far short of the standard expected of a member of the profession, that it had devastating consequences, and that the conviction would have an impact on the reputation of the profession and the public's confidence in it.
8. Mr Lomax's counsel, who represented him during the hearing, submitted that he did not accept his conduct rendered him unfit to practise as a veterinary surgeon, although Mr Lomax did accept that the impact of his conduct was devastating. Mr Lomax's counsel submitted that there was a significant difference between his conduct and its consequences, as evidenced by the fact he was charged with careless driving rather than dangerous driving meaning that, though his standard of driving had fallen below that expected of a competent and careful driver, it did not fall far below.

Nor was there a suggestion that Mr Lomax had carried out a deliberate act, was carrying out any dangerous manoeuvres or was otherwise impaired.

9. Dr Martin Whiting, chairing the Committee and speaking on its behalf, said: *“There is no doubt that the consequences of Mr Lomax’s conduct were serious and tragic for the [victim’s] family. The Judge at the Crown Court referred to their loss in detail and it no doubt played a significant part in the sentence he passed, as reflected by his comments. The Committee was cognisant, however, of the different role it had to perform. A criminal conviction marks a breach of criminal law, whereas a finding of unfitness marks a breach of professional standards. When looking at the conviction, the Committee focused on the actual conduct of Mr Lomax and the concomitant level of culpability, rather than the consequences. Whilst it would be artificial, insensitive and inappropriate to ignore the consequences, the Committee was concerned with the conduct.”*
10. He added, *“The Committee did not consider that Mr Lomax’s conduct was liable to have a seriously detrimental effect on the reputation of the profession and concluded that the public, in full knowledge of the circumstances of this particular case, would not expect a finding that the conviction renders him unfit to practise as a veterinary surgeon. Rather, the public would recognise that whilst the consequences were appalling for the [victim’s] family, in terms of Mr Lomax’s culpability this was a momentary piece of poor driving rather than anything more blameworthy. At its height, it was careless driving for three or so seconds. In the Committee’s view Mr Lomax’s careless behaviour fell below, but not far below, the standard expected of a veterinary surgeon and did not amount to disgraceful conduct in a professional respect.”*
11. The full findings of the Disciplinary Committee can be found at [www.rcvs.org.uk/disciplinary](http://www.rcvs.org.uk/disciplinary)

#### **Mr Paul Chaney RVN**

12. On Monday 2 November and Tuesday 3 November, the RVN Committee met to hear an Inquiry into Mr Paul Chaney. The Inquiry was in relation to the unlawful administration and possession of veterinary medicines.
13. There was a total of 7 charges against Mr Chaney. The full charges can be found here: <https://www.rcvs.org.uk/document-library/chaney-paul-november-2020-charges/>
14. From the outset of the hearing, Mr Chaney admitted all charges against him.
15. The Committee heard that Mr Chaney’s conduct in relation to the first two charges were discovered when, in July 2018, the Department for the Environment Food & Rural Affairs (Defra), accompanied by police officers, executed a warrant upon the property where Mr Chaney lived with two others for unrelated matters. However, during the course of the search, police officers found Metacam and Trazadone (both prescription-only veterinary medicines) in Mr Chaney’s bedroom which did not seem to have a prescription and so Defra officers launched an investigation. During the course of this investigation, a Defra investigator was also provided with video and messages relating to charges 1 and 2 that indicated Mr Chaney had administered the medication to a dog in frustration with the animal as it was being too noisy.

16. The Committee heard that, in November 2018, Mr Chaney accepted a police caution in relation to the matters subject to charges 1, 3 and 4. Furthermore it also heard the allegation that, in relation to charges 5 and 6, Mr Chaney, following the police attending his property and finding the medicines, went on to create false records at the practice in relation to the examination of his dog in order to justify his unlawful possession of the drugs.
17. In relation to the facts of charges 1 to 6, the Committee took into account the witness statements provided to the College, as well as Mr Chaney's own admissions made prior to the hearing and so found that these were proven. In relation to charge 7, while Mr Chaney admitted that his actions were misleading, his counsel argued that it was not dishonest because there was no financial gain from his conduct. The Committee, however, did not accept this argument and found charge 7 proven.
18. The Committee then went on to consider if the charges, taken both individually and in totality, amounted to serious professional misconduct.
19. Judith Way, chairing the Committee and speaking on its behalf, said: *"The Committee had no doubt that administering a sedative to an animal that required prescription by a veterinary surgeon and then failing to record it in the clinical record with the resultant risk to the animal's welfare due to lack of knowledge of the administration fell far below the expected standard (charges 1 and 2). The Committee also considered that possession of prescription only medicines by a registered veterinary nurse, without the sanction of law, having stolen the same from a practice also fell far below the expected standard (charges 3, 4 and 5). The Committee also considered that tampering with the clinical record for a dog, in order to create a misleading impression and in doing so dishonestly, was conduct which fell far below the expected standard. Taken as a whole, the Committee considered that Mr Chaney's conduct had fallen far below the expected standard.*
20. Accordingly, the Committee found him guilty of serious professional misconduct in relation to all seven charges.
21. The full decision on facts and disgraceful conduct can be found here:  
<https://www.rcvs.org.uk/document-library/chaney-paul-november-2020-decision-on-facts-and-disgraceful/>
22. The Committee went on to consider the appropriate sanction to impose on Mr Chaney, taking into account the aggravating and mitigating factors.
23. In considering the aggravating factors, the Committee took into account that Mr Chaney's conduct had presented a risk of injury to the animal and that the conduct related to charges 1, 3, 4 and 5 was pre-meditated. Furthermore, Mr Chaney's conduct involved a breach of trust with both the practice where he was employed and the owner of the Husky, abuse of position in gaining access to and stealing medication and that, because the charges related to two separate incidents, there was a common thread in Mr Chaney disregarding rules on veterinary medicines.
24. In mitigation, the Committee considered that Mr Chaney had reflected on and gained some insight on his behaviour, and acknowledged he had made admissions at the outset of the hearing,

including apologising for and showing regret about aspects of his conduct. However, the Committee did not believe he had addressed his understanding of the effect that this conduct had on the risk to animals, the standards of the profession, or the maintenance of public confidence in the profession. In mitigation the Committee also considered a number of positive character references and his previous good character.

25. In speaking about the sanction Judith Way added: *“The Committee determined that it would not be sufficient in the circumstances of the case, to satisfy the public interest to suspend the Respondent’s registration. In its view this case involved a serious departure from identified professional standards. The disregard had been deliberate, in relation to ignoring legislation in respect of prescription-only medication and dishonesty in stealing medication. There was evidence of attitudinal issues in relation to that behaviour and insufficient evidence of the development of insight. The dishonesty in relation to the clinical record relating to dog O had been an attempt to conceal earlier dishonesty relating to the theft of the medication. In administering the Butorphanol to dog L, Mr Chaney had been putting his own interests in quieting the dog ahead of the dog’s interests, which would have required checking with a veterinary surgeon as to appropriate steps. The Committee acknowledged that, by directing removal, there would likely be professional reputational damage to Mr Chaney and possible financial loss. However, in the view of the Committee the requirements of the public interest outweighed these factors.”*
26. Accordingly, the Registrar was directed to remove Mr Chaney’s name from the Register of Veterinary Nurses.
27. The full decision on sanctions can be found here: <https://www.rcvs.org.uk/document-library/chaney-paul-november-2020-decision-on-findings-of-facts/>

### Miss Padron Vega

28. On Tuesday 8 and Wednesday 9 December 2020, the Committee met to hear the restoration application of Miss Padron Vega. This hearing was held virtually (via Zoom). At the outset, Miss Padron Vega fully admitted her guilt and responsibility for the conduct that had seen her removed from the Register and made representations that she appreciated the seriousness of her actions and that there was no chance of her repeating them. She also produced testimonials from former veterinary colleagues, in addition to evidence that she had endeavoured to keep up-to-date with her continuing professional development while off the Register.
29. In considering her application to restore, the Committee found that Miss Padron Vega had accepted the reasons for her removal from the Register and the seriousness of the findings, and found that she was unlikely to repeat the behaviour and that her conduct had been entirely acceptable since she was removed from the Register. It also considered her financial and personal circumstances as the single mother of a young child, the difficulty she had in securing well-paid, full-time employment since her removal from the Register, and the impact that this had on being able to keep up-to-date with her continuing professional development (CPD).
30. The Committee addressed its concerns over her efforts to keep up-to-date with the knowledge and skills she would need to return to practice and said she demonstrated “no real appreciation of what she needed to put in place to demonstrate that she can return to work safely”. In particular it

found that the CPD she had undertaken was unstructured and insufficient and that therefore she had not done enough to demonstrate that she was fit to be restored to the Register, especially as she signalled that, if restored, she would be working in small animal practice, an area that she had not worked in for some time.

31. The Chair of the Committee stated that; *“Based on the current state of the evidence, the Committee considers that if the applicant properly applies herself to a properly structured and focused Return to Practice Plan and is able to produce evidence of how she has fulfilled the requirements of that plan, then her application could prove successful. The outcome of the plan for a return to practice will need to ensure the continued protection of the welfare of animals as well as the interests of clients whose animals she might be called upon to treat and, most importantly, the public interest which is founded on a belief that the veterinary certification processes are beyond question or doubt.”*
32. The Committee also recommended that Miss Padron Vega seek a veterinary mentor and/or support from a veterinary support organisation to help her develop her return to practice plan and for further advice and assistance.
33. In order to allow Miss Padron Vega sufficient time to develop this plan, the Committee adjourned the restoration hearing for seven months (until July 2021).
34. Please find full decision here: [Padron Vega, Laura, Decision of the Disciplinary Committee - Professionals \(rcvs.org.uk\)](https://rcvs.org.uk/decisions/padron-vega-laura/)

## Upcoming DC's

35. The hearing into Dr Sue Dyson commenced on 11 November 2020. On the second day of the hearing, a committee member fell ill, and proceedings had to be adjourned on the bases that the committee was no longer quorate. The Clerk is currently working on dates for this hearing to be resumed, and hopes that this can be listed at the back end of summer 2021. The Clerk will report the outcome to Council once the case has been concluded.
36. There is an RVN case which has been listed and will be heard between Monday 18 January – Friday 22 January 2021. This will be held virtually via Zoom.
37. As it stands, two Inquires have been listed. The first will take place on Wednesday 25 February 2021 and will be held virtually via Zoom. The second has been listed to take place between Monday 10 May – Friday 21 May 2021. It is yet to be decided how this hearing will be heard (whether 'in person' or virtually). But this very much depends on the current COVID situation around the time of the listing.
38. There are currently three cases that have been referred by PIC that are to be listed. The Clerk is currently working on listing these cases.