Council Meeting

Thursday, 5 March 2020 at 10:00 am to be held at the RCVS, Belgravia House, 62/64 Horseferry Road, London SW1P 2AF

Agenda	Classification[1]	Rationale[2]
1. **President's introduction**	Oral report Unclassified	
2. **Apologies for absence and welcome to new member**	Oral report Unclassified	
3. **Declarations of interest**	Oral report Unclassified	
4. **Minutes**		
Minutes of the meeting held on 23 January 2020	Unclassified	
Classified appendix	**Confidential**	**1, 2, 3, 4**
5. **Matters arising**		
a. Obituary	Unclassified	
b. Council correspondence and matters for report	Oral report Unclassified	
c. CEO update	Oral report Unclassified	
6. **Matters for decision by Council (unclassified items)**		
a. Under care/out of hours review – update	Oral report Unclassified	
b. Veterinary Council of Ireland Mutual Recognition Agreement – addendum	Unclassified	
c. Practice Standards Scheme – updates	Unclassified	
7. **Reports of committees – to note**		
a. Advancement of the Professions Committee (Prof D J Argyle)	Unclassified	

b. Audit and Risk Committee i. Minutes of the meeting held 1 November 2019 (previously confidential until agreed) Classified appendix ii. Minutes of the meeting held 13 February 2020 (DRAFT) (Ms E Butler)	Unclassified **Confidential** **Confidential**	 **1, 2, 3** **1, 2, 3**
c. Education Committee Classified appendix (Prof S Paterson)	Unclassified **Confidential**	 **4**
d. Finance and Resources Committee Classified appendix (Dr C P Sturgess)	Unclassified **Confidential**	 **2, 3, 5**
e. Standards Committee Classified appendix (Dr M A Donald)	Unclassified **Confidential**	 **1, 2, 3**
f. Veterinary Nurses Council Classified appendix (Ms R M Marshall)	Unclassified **Confidential/ Private**	 **1, 2, 3, 4, 5**
g. PIC/DC Liaison Committee Classified appendix (Ms A K Boag)	Unclassified **Confidential/ Private**	 **1, 2, 5**
8. **Reports of statutory committees – to note**		
a. Preliminary Investigation Committee (Registrar)	Unclassified	
b. RVN Preliminary Investigation Committee (Registrar)	Unclassified	
c. Disciplinary Committee and RVN Disciplinary Committee (Registrar)	Unclassified	
9. **Notices of motion**	Oral report Unclassified	
10. **Questions**	Oral report Unclassified	

11. **Recommendation for the appointment of Officers – President and Vice-President (Senior) respectively, for confirmation at the AGM on 10 July 2020**	Oral report Unclassified	
12. **Election of the Vice-President (Junior) – recommendation for confirmation at the AGM on 10 July 2020**	Oral report Unclassified	
13. **Other Elections**		
a. Treasurer	Oral report Unclassified	
b. Chair, Advancement of the Professions Committee	Oral report Unclassified	
c. Chair, Education Committee	Oral report Unclassified	
d. Chair, Standards Committee	Oral report Unclassified	
14. **Any other College business**	Oral report Unclassified	
15. **Risk Register, equality and diversity**	Oral report Unclassified	
16. **Matters for decision by Council and for report**	**To be held in committee**	
a. Discretionary Fund Report	Oral report **Confidential**	**1, 3**
b. Estates Strategy – update	Oral report **Confidential**	**1, 3**
c. Draft accounts 2019	**Confidential**	**1**
d. Diploma of Fellowship by Thesis – ratification	**Confidential**	**1**
e. Appointment of Assistant Registrar	**Private/ Confidential**	**1, 5**
f. RCVS Honours and Awards	**Private/ Confidential**	**1, 5**

17. **Any other College business (confidential)**	Oral report **Private/ Confidential**	**1, 5**
18. **Risk Register, equality and diversity (confidential)**	Oral report **Confidential**	**1, 2, 3, 4**
Dawn Wiggins Secretary, RCVS Council 020 7202 0737 / d.wiggins@rcvs.org.uk		

[1] 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 Chairman may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

[2] Classification rationales

Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	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

Summary	
Meeting	Council
Date	5 March 2020
Title	January 2020 Council minutes
Summary	Minutes of the meeting held on Thursday, 23 January 2020
Decisions required	To approve the minutes and classified appendix
Attachments	Classified appendix
Author	Dawn Wiggins Secretary, Council d.wiggins@rcvs.org.uk / 020 7202 0737

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	N/A
Classified appendix	**Confidential**	**1, 2, 3, 4**

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Council Meeting

Minutes of the meeting held on Thursday, 23 January 2020 at Belgravia House, 62-64 Horseferry Road, London SW1P 2AF

Members:

Dr N T Connell (President in the Chair)
Dr C J Allen
Professor D J Argyle
Mr C T Barker
Miss L Belton
Ms A K Boag
Professor D Bray
Professor E Cameron
Mr J M Castle
Dr D S Chambers
Ms E K Cox*
Professor S Dawson
Dr M A Donald
Dr J M Dyer
Professor G C W England
Ms L Ford
Ms L V Goodwin
Dr M O Greene
Professor R A Hammond
Mr D J Leicester
Miss R M Marshall
Professor S A May
Mrs C-L McLaughlan
Dr S Paterson
Mr M L Peaty
Dr C L Scudamore
Professor K Smith
Dr N C Smith**
Dr C P Sturgess
Dr C W Tufnell
Mr T J Walker*
Professor J L N Wood
Ms J S M Worthington

*Absent

**Part absence (open session)

In attendance:

Ms E C Ferguson	Registrar
Ms L Lockett	CEO
Ms C McCann	Assistant Registrar / Director of Operations (DoO)

Guests:

Ms E Butler	Chair, Audit and Risk Committee
Dr S Doherty	Senior Vice-President, British Veterinary Association (BVA) (open session only)
Dr D Dos Santos	President, BVA (open session only)
Professor C Proudman	Head of School of Veterinary Medicine, University of Surrey (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:

- Ms E K Cox
- Dr N C Smith (open session only)
- Mr T J Walker
- Miss C H Middlemiss CVO, Observer

Declarations of interest

3. New declarations of interest were received from:

- Ms A K Boag: from 1 January 2020 her job title had changed to Group Referral Director, IVCEvidensia;
- Dr M A Donald: was now a Trustee, Scottish Society for the Prevention of Cruelty to Animals (SSPCA);
- Dr C W Tufnell: was now a member of the Education Committee of the British Animal Rescue Trauma Association.

Minutes of the meeting held on 7 November 2019

4. Council had the opportunity to comment on the minutes electronically.

5. The minutes were accepted as a true record of the meeting.

Matters arising

Obituaries

6. There were no written obituaries received. However, the College had received notice that Mr F Brian Jennings, a former Privy Council representative on Council from 2001 – 2009; and also Mr Christopher House, a member of the RCVS Riding Establishments Subcommittee and the RCVS representative on the Farriers Registration Council; had died.

7. Council and guests stood and observed a minute silence for all members of the College who had passed away since the last meeting.

Council correspondence

RCVS Council Election 2020

8. The deadline for submissions for the forthcoming RCVS Council election was 5:00 pm on Friday, 31 January 2020. Current Council members were not permitted to nominate anyone to stand for Council and if retiring members intended to re-stand, they should ensure Registered Addresses were used for the Nomination Form.

Elections for: Vice-President (Junior), Treasurer, and Chairs of Advancement of the Professions, Education and Standards Committees

9. The deadline for submissions for these (internal) elections was 5:00 pm on Tuesday, 4 February 2020 and the elections would be agenda items at the Council meeting in March. Whilst convention was that a Chair was in place for three years, this was subject to election annually.

President's Reception – eve of March Council (Wednesday, 4 March 2020)

10. There would be no Council Supper on the eve of March Council, instead there would be a Reception at Belgravia House. Invitations would be sent out shortly, and Council was reminded that the evening event was a social occasion only so expenses were not claimable.

PIC / DC Recruitment

11. Recruitment for members of statutory committees would commence shortly as members were on staggered terms and the College had a rolling recruitment process. Selected candidates would be put before Council for ratification at a later date.

CEO update

12. The CEO stated that there was no paper for consideration as it would generally be a report against the Strategic Plan, but we were between plans, and the new one was an item for decision later in the agenda. She highlighted some matters that had occurred since the last meeting:

    - VN annual retention fees: the process for collection of the fees was complete; there had been 40 fewer removals for non-payment than in 2019 due to improved communications processes, and some nurses were already back onto the Register;

    - Practice Standards Scheme (PSS) campaign: there had been good engagement with the latest campaign from both veterinary practices and animal owners – the campaign played out via online videos and social media activities;

    - London Vet Show: a successful and well attended event;

    - Society of Practising Veterinary Surgeons (SPVS)/Veterinary Management Group (VMG) Congress: would be taking place over the forthcoming weekend. There would be a Mind Matters stream on diversity and the impact on mental health of not being able to be yourself – and be supported – in the workplace;

    - Mind Matters webinars: were planned on recovery after work; Obsessive Compulsive Disorder; eating disorders; self-harm;

- Surveys of the Professions: would be published for both the veterinary surgeon and veterinary nurse professions shortly. It was the first time Lesbian Gay Bisexual Transgender (LGBT) questions had been included, as well as those around ethnicity. Questions had also been asked around perceptions of the College - it was important to 'check in' with the profession regularly and understand where things can be improved;

- Numerous Joint Officer meetings: with the different veterinary groups;

- Trust Survey: a survey around trust in the professions – and perceptions about value for money – that had first been carried out as part of Vet Futures had recently been carried out again and the results published. It was found that 94% of those asked completely, or generally, trusted veterinary surgeons; 30% felt that veterinary services were not good value for money. Both findings were similar to those from 2015;

- 1CPD app: from 1 January 2020 the new continuing professional development (CPD) policy commenced and from Monday, 27 January 2020 the 1CPD app would be launched;

- Nominations Committee: College Honours and Awards were discussed at the Officers' meeting the previous day, and nominations would come to Council at the March meeting;

- Annual RCVS Council elections: for both veterinary surgeons and veterinary nurses were currently open for nominations to stand for RCVS, and Veterinary Nurses (VNC), Councils.

13. There were no questions and the report was noted.

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

Under care/out of hours review – update

14. The Chair, Standards Committee, gave an update on work undertaken to date. Since the last meeting, the College had employed some experts to work on this project, who had come up with an initial plan. It was realised that this plan was not feasible and work was currently ongoing for 'Plan B'. There had been a lot of meetings and calls and the new plan was being refined – noting that there was no point in having a plan for the sake of speed rather that it was more important to do the work right. A call for evidence and consultation remained part of the planned work. When significant milestones had been reached, Council would be informed as soon as possible.

15. There were no questions and the update was noted.

Addendum to Practice Standards Scheme (PSS) Rules re: data sharing

16. The Chair, Standards Committee, outlined the paper that was to rectify an admin issue. Historically, the Scheme did not have a data policy re: data sharing; this was now proposed to be through the PSS IT system 'Stanley' to improve the process; data shared would be non-sensitive and non-personal. Furthermore, the amendment to the Rules would be publicised to make it clear for new and existing members of the Scheme.

17. A vote was taken to approve the proposed amendment to the PSS Rules, as recommended by the Standards Committee:

For:	30
Against:	0
Abstentions:	0

18. This was unanimously agreed.

Certificate in Advanced Veterinary Practice (CertAVP) – updates

19. The Chair, Education Committee, outlined the paper. Universities wishing to provide the assessment of modules for the CertAVP must first sign the Accreditation Agreement as referenced in the CertAVP Bye-Laws in 2006. There was an oversight from the time of the 2015 Supplemental Charter, when all earlier Bye-Laws were repealed; therefore this was to ensure the documentation was current, the Bye-Laws amended to 'Rules', and the Accreditation Agreement updated accordingly to reflect the changes.

20. A vote was taken to approve the 'CertAVP Rules' and 'Accreditation Agreement' as detailed in the paper:

For:	30
Against:	0
Abstentions:	0

21. This was unanimously agreed.

[Afternote: it was noted that in the annexed Schedule 1 Certificate Scheme paragraph 5(3) it read: *"…from those listed in paragraphs 3(3) – 3(8)"*, should in fact read: *"3(2) – 3(7)"* (page 40 of the overall bundle) to correspond with the correct paragraph numbering. This has been corrected.]

Graduate Outcomes

22. The Chair, Graduate Outcomes Working Party (GOWP), introduced the paper. This was a culmination of two and a half years work and there were a series of proposals before Council on how to take forward the different elements at their individual stages. Taking items separately:

RCVS Day One Competences (D1C)

23. There was a lot of interest in the consultation and the proposal was to 'work up' the D1C document with the additional competences agreed; the conceptual model framework; and further guidance, would go back to Education Committee for approval.

24. There were no questions and a vote was taken to develop the competences and bring back to Education Committee:

For:	30
Against:	0
Abstentions:	0

25. This was unanimously agreed.

Professional Development Phase (PDP)

26. It was noted that the consultation provided clarity around the need for further structure, support and mentoring. It was important to acknowledge there had been some concerns expressed around mentoring, particularly in relation to small veterinary practices; there should be a clear role and expectation of 'mentor' in this context; and that it would remain learner-driven with support from mentors as the new graduate moved through the first year in practice. There was more to be done re: documentation, whilst working with the profession, to move away from the perceived 'tick box' exercise of the current PDP. This would include a complete re-branding.

27. Mentoring should be internal to the veterinary practice (but may be further supported externally), temporary or permanent (i.e. to the end of the mentoring phase). It was imperative that the graduate be supported, and Council were reassured that Entrustable Professional Activities (EPAs) represent an appropriate framework to base the programme upon, as they enable it to be flexible and accommodate all areas of practice. For example, fish – if a graduate recognised there was a missing area of EPAs these could be further developed in the future; so the areas continued to evolve around unique practice situations.

28. Council acknowledged the volume of work that had gone into this project and the number of stakeholders involved. It was questioned whether there could be a mentoring 'bank' or a qualification that it could be for more 'senior' members of the profession. There was reassurance that the proposal included the development of mentor training. Concern was expressed that the role of mentors be well defined as there could be an unintended consequences by becoming more of a counsellor than a clinical skills mentor. Further suggestions for those who might benefit from mentoring covered a change in career direction and return-to-work situations; and there was a suggestion that this work be joined up with the Veterinary Schools Council (VSC) for research careers.

29. Council members were thanked for their comments, which would be taken on board as work progressed. A vote was taken to develop a supportive programme for new graduates, to replace the current PDP:

For:	30
Against:	0
Abstentions:	0

30. This was unanimously agreed.

Clinical Education

31. This was split into two parts: clinical education and Extra-Mural Studies (EMS) considerations. This had been more problematic as it had been hard to develop clarity at the same pace as the rest of the proposals contained within the paper. There were a series of options and there was

important focus on a primary care career whilst preserving essential elements such as achieving all of the Day One competences, quality assurance, and EMS. The consultation highlighted the need to create some options for clinical practice and to bring them back to committee and Council.

32. It was commented that some universities already provided a teaching environment in a primary care setting and care should be taken not to form recommendations that were too narrow; the use of terminology could result in guidance decisions that educators in the profession were unable to use. It was suggested that wording should be amended to *"in a general practice setting"* or *"directed towards a general practice setting".*

33. It was confirmed that definitions were not final and work was ongoing to see how best to use terms that everyone understood.

34. A vote was taken to endorse the EMS work:

For:	30
Against:	0
Abstentions:	0

35. This was unanimously agreed.

36. It was commented that this work would provide positive benefits to the younger generation of veterinarians and the group should be congratulated. The Chair, GOWP, thanked Council for its support and for recognising the opportunities this work had raised.

Statutory Examination for Membership – re-sit policy

37. The Chair, Education Committee, outlined the paper, highlighting that, currently, as there was no compensation allowed across species, should a candidate pass the written component of the examination but go on to fail the Objective Structured Clinical Examination (OSCE), they would have to re-set the whole examination at considerable cost. Education Committee recommended that this should be changed so that they could re-sit only the OSCE component the following year at a reduced cost. It was emphasised this would be available for the following 12 months only and not be held over indefinitely. It was noted that any change to this examination policy would require a change to the Statutory Instrument and therefore need to be approved by the Privy Council Office (PCO).

38. A vote was taken whether to move forward and revise the wording for the examination, before coming back to Council at a later stage for formal approval:

For:	30
Against:	0
Abstentions:	0

39. This was unanimously agreed.

RCVS Strategic Plan 2020 – 2024

40. The CEO outlined the processed undertaken since October 2018. The version before Council took into account comments made at November 2019 Council and at the November meeting of VN Council; an additional narrative structure; and case studies. Going forward there would be discussions regarding the design and resourcing requirements, however, any costs in year one would be taken from the Discretionary Fund, thereafter there would be provision in the budget. There had been some helpful feedback from stakeholders but nothing that required amendments to the draft in front of Council.

41. There were four overlapping ambitions:

    Clarity: work would be undertaken to simplify and modernise what the College did, to ensure it remained relevant and forward-thinking, and to reduce confusion where it exists;

    Compassion: being a regulator the College recognised that there was stress and anxiety around the concerns process in particular; not only that, a compassionate approach also meant considering how members of the veterinary team were supported to enable people to work to the best of their abilities;

    Courage: there were rapid changes in society, veterinary science and technology so it was important to have courage, energy and confidence to take the profession forward. The Royal Charter role would be important to develop a veterinary team that was healthy, inclusive, innovative and respectful;

    Conviction: to provide the right infrastructure to deliver the Plan.

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

    - there was a fantastic amount of detail but it was quite complex in terms of a wider audience, was it possible when communicating the Plan to give a simple message that encapsulated it without losing its basis?

        - the Communications Team would develop a short summary that would go out individually, or as a preface to the Plan;

    - ‘conviction’ was not the right word particularly as part of the College’s wider role was as a regulator – could this be substituted with ‘confidence’?

        - the original draft had had ‘confidence’ but this had been changed based on advice, but as that was the third time the suggestion had been made to revert, this would be voted on at the end of the discussion;

    - this was excellent work. Under the compassion ‘stream’ could staff welfare be more explicit as any decision by Council had a vast impact on College staff/teams;

- yes, that could be done. Staff mental health and welfare was very important – highlights of some of the previous work on it were: the College had signed Mind's 'Time to Change' pledge; there was a mental health group amongst College staff; questions around mental health had been included in the annual Great Place to Work survey; and the College was a member of Stonewall;

- it was great that the College supported Vetlife; this demonstrated compassion;

  - not only did the College support Vetlife, which had a confidential and anonymous Helpline, as well as a Health Support Service, it also supported Vet Support Northern Ireland, a confidential (but not anonymous) service that has gained positive traction in NI and was also now rolling out to Scotland;

- did the Plan cover enough? The current movement of large companies taking over veterinary practices was c.50-60% in terms of veterinary/VN employment, this would increase and how would the College regulate the changes and challenges coming forward?

  - this was covered under the clarity stream and an action plan would be developed. This related not just to the UK but also Europe and elsewhere.

43. With the inclusion of the amendment to rename the 'conviction' stream to 'confidence', Council voted on the Strategic Plan going forward to the design process (the final version to be approved by Officer Team before publication):

For:	30
Against:	0
Abstentions:	0

44. This was unanimously agreed.

Reports of Committees – to note

Advancement of the Professions Committee (APC)

45. The Chair, APC, introduced the minutes of the last meeting and it was noted that the purpose of the Committee was to be a conduit for Council and focused on bringing all work streams together, for example, equality and diversity, innovation, etc. An Action Plan for a more holistic work plan, under a specific theme, would be discussed at the next Committee meeting with the intention of bringing it to Council for decision.

46. There were no questions and the report was noted.

Audit and Risk Committee (ARC)

47. The Chair, ARC, outlined the confidential report and highlighted:

- discussions had taken place on the RCVS Safeguarding Policy, a matter that the College took very seriously;

- the College was maturing in its risk management and a formal map of assurance was being produced;

- the respective roles of the Finance and Resources Committee (FRC) and the ARC were considered to ensure that there were no duplications of work undertaken so as to not waste time or resources. The Treasurer attended both committees: as an Observer on ARC and as Chair of FRC;

- the current auditors, Crowe, had been used for three years, therefore, a review would be undertaken and this would be brought back to Council with a recommendation. It was noted that the only area that the auditors were also going to consider outside of their normal remit was the change in Council governance and whether it had made any impact on the organisation;

- the new Risk Register system, Magique, continued to produce new insights;

- at each meeting, the Committee did a 'deep-dive' into one of the College's departments – at this meeting it was the Practice Standards Scheme, which had been a good exercise and the Committee had been very impressed with the team and the Risk Register;

- Janice Shardlow had been appointed Vice-Chair.

48. It was questioned that, as the RCVS did not have internal auditors and Crowe was assisting with the review of how governance changes had impacted the College, whether Council could also contribute with that piece of work. It was confirmed that the College did not need internal auditors as it was a relatively small organisation and simple in terms of its processes, so rather than budget a large amount of money to get assurance from one place instead it used subject matter experts for assurance 'coverage' when required e.g. external Counsel to quality assure judgements, or an IT provider for the College IT systems; this saved considerable costs. It was also why the Committee was considering an assurance map of College activities to make sure nothing had been overlooked. The work on this review had yet to be scoped and Council were welcome to be involved.

49. The report was noted.

Education Committee (EC)

50. The Chair, EC, outlined the report, highlighting work undertaken on the Certificate in Advanced Veterinary Practice; the Statutory Examination for Membership; the Graduate Outcomes project; the International Accreditors Working Group; and the Continuing Professional Development (CPD) Referral Group – where it was noted that policy wording had been amended as parental leave should not be classified as an exceptional circumstance. Revised wording would instead include that veterinary surgeons could 'pause their CPD for both exceptional circumstances' and 'planned periods away from work'.

51. It was further noted that Professor Nigel Gibbens had agreed to chair the RCVS Accreditation Standards Group; work undertaken would be reported through Education Committee and put before Council at a later stage.

52. There were no questions and the report was noted.

Finance and Resources Committee (FRC)

53. The Chair, FRC, outlined the report and highlighted:

- the audit was proceeding as planned, with external Auditors scheduled to be present around the end of February; disciplinary process costs would be reviewed at that time;

- the annual budget had been reviewed and it was noted that there were currently 111 on-site staff working for the RCVS;

- the review of the College's Risk Register was underway with the aim to make it more informative and 'digestible';

- Investec, the College's investment company, was due to meet with the College in March.

54. There were no questions and the report was noted.

Standards Committee (SC)

55. The Chair, SC, introduced the report and highlighted that the Recognised Veterinary Practice small group had progressed well and would report back to the main group for review; likewise, edits to the Practice Standards Scheme (PSS) were also progressing well.

56. There were no questions and the report was noted.

Veterinary Nurses Council (VNC)

57. The Chair, VNC, introduced the report and highlighted:

- new Accreditation Standards for Veterinary Nursing qualifications had been approved, with more focus on online planning and standards;

- three sets of policy documents with regard to training of colleges had been reviewed and amalgamated into a single document; a 'soft launch' would commence in January where organisations had a choice of options;

- the Period of Supervised Practice had been updated;

- 1CPD app had been positively received;

- City & Guilds had notified the College that it had decided to withdraw veterinary nursing from its portfolio of qualifications. This meant it would accept no new registrations from 1 September 2020, and cease certificating existing qualifications from 1 September 2023. It

was noted that although there were initial concerns, as originally it was stated it would only continue certifying existing qualifications for two years, it had since extended this to three years. Besides City and Guilds, there were a further two awarding organisations.

58. There were no questions and the report was noted.

PIC/DC Liaison Committee (PIC/DC LC)

59. The Chair, PIC/DC LC outlined the report and highlighted:

- the College was doing its best to eliminate the stress to members of the profession who were going through the complaints process; a 'buddy system' was being considered;

- discussions had taken place re: private prosecutions, and the role the RCVS could take –this now appeared in the Strategic Plan;

- Preliminary Investigation Committee (PIC), and Disciplinary Committee (DC) had undertaken annual training;

- Key Performance Indicators (KPIs) were regularly checked; the KPIs at Stage 1 for the more complicated cases in December had dipped slightly due to staffing changes, and would be discussed at the next Committee meeting.

60. It was questioned why Stage 2 KPIs for more complicated cases were not noted. It was explained that the number of cases was so small that just one case could change the percentage massively. It was requested that all KPIs be included in the Council bundles in the future, and, whilst this was agreed, it was noted this had previously been a delegated responsibility of the PIC/DC Liaison Committee.

61. Stage 2 complicated case KPIs were read out: between September 2019 and January 2020 there had been 10 cases, six of which met the KPIs. The reasons the remaining four cases had not met the KPI were:

- took 14 months as a result of the respondent;
- took 20 months as a result of delays from DAERA;
- took 13 months: originally closed under the time limit but new information was received so had to be reopened;
- took 14 months as a result of slow responses from witnesses.

62. The report was noted.

Reports of Statutory Committees – to note

63. In the absence of the Chairs of the Committees, the Registrar was able to answer any questions from Council.

Preliminary Investigation Committee (PIC)

64. There were no questions and the report was noted.

RVN Preliminary Investigation Committee (RVN PIC)

65. Further to the report before Council, in the time since the report was produced and the Council meeting, it was noted that there had been a single case referred to the RVN Disciplinary Committee from RVN PIC and this would be listed shortly.

Disciplinary Committee and RVN Disciplinary Committee

66. It was suggested that it would be useful for KPIs and reasons for not meeting them to be included in future reports, particularly as there was sensitivity about the length of time taken to conclude cases. This was agreed.

67. The report was noted.

Classification of papers

68. The classification and formatting of Council papers was queried. The CEO confirmed that staff would be undertaking training to make the formatting of papers consistent and to provide clarity regarding what was confidential and what was not; she was encouraging the authors of papers to include a reason why something was confidential – everything was as transparent as it could be.

[Secretary's note: Council receive the full reports, but the agenda shows 'unclassified' where confidential reporting has been removed from the papers that are part of the 'bundle' on the website and therefore publically available. Improving clarity on this would be considered as part of the training for staff.]

Notices of Motion

69. There were no notices of motion received.

Questions

70. There were no questions received.

Date of next meeting

71. The date of the next meeting was Thursday, 5 March 2020, commencing at 10:00 am.

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

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

Dr N C Smith joined the meeting.

Discretionary Fund report

73. This information is available in the classified appendix at paragraphs 6 - 7.

Estates Strategy update

74. This information is available in the classified appendix at paragraphs 8 - 13.

Concept paper re: Professional Conduct system

75. This information is available in the classified appendix at paragraphs 14 - 27.

Professor Bray and Ms Butler left the meeting

Approval of new Legal Assessors

76. This information is available in the classified appendix at paragraphs 28 – 30.

Professor Cameron and Mr Castle left the meeting

Audit and Risk Committee Chair Term of Office

77. This information is available in the classified appendix at paragraphs 31 – 33.

Any other College business

78. There were no items highlighted from the open session of the meeting.

79. Confidential information is available in the classified appendix at paragraph 34.

Risk Register, equality and diversity

80. There were no items highlighted from the open session of the meeting.

81. Confidential information is available in the classified appendix at paragraphs 35 – 36.

82. The meeting was brought to a close.

Dawn Wiggins
Secretary, Council
020 7202 0737
d.wiggins@rcvs.org.uk

Summary	
Meeting	Council
Date	5 March 2020
Title	Obituary – Dr J E Phillips
Summary	To note the enclosed obituary
Decisions required	None
Attachments	None
Author	Alastair MacDonald / Colin Warwick C/o Royal (Dick) School of Veterinary Studies University of Edinburgh

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	N/A

[1]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'.
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[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	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

OBITUARY

Phillips On 15th January 2020 aged 94, James Edwin (Bean) Phillips, BSc, MRCVS, DVM&S. Honorary Fellow of the University of Edinburgh, Royal Dick School of Veterinary Studies. Dr Phillips qualified from Edinburgh in 1948.

Dr **James Edwin (Bean) Phillips,** BSc, MRCVS, DVM&S was born in 1925 in Scarborough and was educated in York. He matriculated at the Royal Dick Veterinary College during World War Two in 1942 and like his fellow students served in the home guard at Summerhall.

He graduated on 7th July 1948 and was appointed as Demonstrator in the Department of Veterinary Bacteriology on the 1st September of that year.

Known by everyone as 'Bean' he was appointed Junior Lecturer in Veterinary Bacteriology from 1st October 1949, and taught that subject for the rest of his university career being very focused on student-education.

By 1952 he was promoted to Lecturer in Veterinary Bacteriology. His research interests focussed on *Actinobacillus*, and in 1966 he was awarded the degree Doctor of Veterinary Medicine and Surgery by the University of Edinburgh. Thesis title: '*Actinobacillus lignieresi*: a study of the organism and its association with its hosts'.

By 1972 he was promoted to Senior Lecturer in the Department of Veterinary Pathology (as Bacteriologist) until his retirement in 1993 when he was made an Honorary Fellow of the University.

He died on Wednesday evening 15th January 2020 aged 94 having studied and taught at the Dick Vet for 50 years.

Dr Phillips was largely responsible for the gathering and curating of a large number of historical artefacts and pieces of information dealing with the Dick Vet and veterinary education in Edinburgh. These data are now held at the Centre for Research Collections in Edinburgh University Library.

Bean was impressively tall, with white hair and moustache – quiet-spoken and unpretentious; he was a gentleman. He was a very active member of the Episcopalian church of St Peters, Lutton Place as Secretary and Treasurer.

He is survived by the children of his first marriage to Margaret, namely Jane, Peter and Richard, and by his second wife, Anna.

Alastair MacDonald, Colin Warwick

Summary

Meeting	Council
Date	5 March 2020
Title	Veterinary Council of Ireland (VCI) Mutual Recognition Agreement – addendum
Summary	Following discussions with the Veterinary Council of Ireland (VCI), it was agreed that veterinary surgeons that had previously failed the statutory membership examination should be excluded from being registered to practice under the mutual recognition agreement (MRA), and that they must pass the examination before being able to enter the register of members. Education Committee agreed that this addendum closed an unintended loophole whereby a previously failed stat exam candidate could register under the terms of the MRA instead.
Decisions required	To approve the attached addendum to the MRA between RCVS and the VCI.
Attachments	VCI MRA addendum
Author	Jordan Nicholls Senior Education Officer j.nicholls@rcvs.org.uk / 020 7202 0704

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	N/A

[1]Classifications explained	
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Contract Addendum

A Mutual Recognition Agreement (MRA) was made by and between the **Royal College of Veterinary Surgeons**, whose address is at Belgravia House, 62-64 Horseferry Road, London, SW1P 2AF and the **Veterinary Council of Ireland**, whose address is 53 Lansdowne Road, Ballsbridge, Dublin 4, Ireland on the **31st Day of October 2019** (hereinafter referred to as "original stated contract") set forth below.

WHEREAS, the parties wish to modify the terms of the original stated contract as set forth herein.

NOW THEREFORE, in consideration of the mutual promises herein, the parties, intending to be legally bound, hereby agree that the following constitutes additional terms and conditions of the original stated contract.

1. Modification 1: Following paragraph 10. The addition of statement to clarify the position that if an individual has previously failed the Statutory Membership Examinations of either party, they will not be eligible for registration under the terms of this MRA and must pass the Statutory Membership Examination before being admitted onto the register of members.

The parties reaffirm no other terms or conditions of the above mentioned original contract not hereby otherwise modified or amended shall be negated or changed as a result of this here stated addendum.

Signed by the Chief Executive for and on behalf of the Royal College of Veterinary Surgeons.

Signed by the Chief Executive for and on behalf of the Veterinary Council of Ireland.

Date

Summary	
Meeting	Council
Date	5 March 2020
Title	Practice Standards Scheme 2020 edits
Summary	This paper provides some background to the 2020 review of the PSS standards and explains the process by which the review was carried out. The paper also attaches the proposed amendments to the Scheme (as approved by PSG and the Standards Committee) and sets out the projected date for implementation of these new standards.
Decisions required	Council are asked to review and approve the proposed amendments to the: a. Small Animal modules (see Annexes A and B) b. Farm Animal modules (see Annexes C and D) c. Equine modules (see Annexes E and F)
Attachments	Annex A - Small Animal edits (with tracked changes) Annex B - List of changes to the Small Animal standards Annex C - Farm Animal edits (with tracked changes) Annex D - List of changes to the Farm Animal standards Annex E - Equine edits (with tracked changes) Annex F - List of changes to the Equine standards
Author	Laurence Clegg Senior Officer, Practice Standards Scheme Tel: 020 7202 0778 Email: l.clegg@rcvs.org.uk Lily Lipman Senior Manager, Practice Standards Scheme Tel: 020 7202 0756 Email: l.lipman@rcvs.org.uk

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	N/A
Annex A	Unclassified	N/A
Annex B	Unclassified	N/A
Annex C	Unclassified	N/A
Annex D	Unclassified	N/A
Annex E	Unclassified	N/A
Annex F	Unclassified	N/A

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PSS 2020 Edits

Introduction

1. The Practice Standards Scheme was launched in 2005, and has been subject to regular reviews ever since. While smaller, incremental changes are made on an ad-hoc basis as necessary, PSG conduct an overarching review of all the Practice Standards every five years, with a view to a more in depth review every ten years. This review is therefore the first five-year review since the Scheme was relaunched in 2015.

2. In addition to the standards themselves, the Awards requirements and points have also been reviewed. Council will note that, although a significant number of amendments are proposed, the overall structure of the Scheme remains the same.

3. Council is therefore asked to approve the proposed amendments to the PSS standards, as recommended by the Standards Committee. In order to assist Council, the edits are presented as follows:

    a. Small Animal edits (with tracked changes) – **Annex A**
    b. List of changes to the Small Animal standards – **Annex B**
    c. Farm Animal edits (with tracked changes) – **Annex C**
    d. List of changes to the Farm Animal standards – **Annex D**
    e. Equine edits (with tracked changes) – **Annex E**
    f. List of changes to the Equine standards – **Annex F**

The Process

4. Small groups comprised of PSG members initially managed the edits and, where required, expert input was sought and integrated, for example a Radiation Protection Adviser ('RPA') reviewed the diagnostics module. As the Small Animal standards contain transferrable information across the species (e.g. the Client Experience module), the Small Animal edits were completed first, to frame the Equine and Farm Animal edits. Once the small group work was completed, the proposed edits were presented at formal PSG meetings throughout 2019 and final approval was given in January 2020.

5. After being scrutinised a minimum of twice by PSG, the edited Small Animal modules were presented to the Standards Committee on 11th November 2019 and the Equine and Farm Animal edits were presented at its following meeting on 10th February 2020. Subject to a small number of amendments (which have been made), Standards Committee approved the proposed edits and these are now presented to Council in the annexes of this paper for final approval.

6. In addition to approving the proposed changes to the standards, Standards Committee also agreed that the percentages required by practices to achieve Good and Outstanding Awards, i.e. 60 and 80 percent respectively, should remain the same.

Core and Code

7. As Council will be aware, the Core Standards requirements of the Practice Standards Scheme (PSS) are designed to reflect the Code of Professional Conduct (CoPC) for Veterinary Surgeons and Veterinary Nurses, the Supporting Guidance to the CoPC, and other relevant legislation in the United Kingdom.

8. It is also a CoPC requirement that all veterinary surgeons and veterinary nurses *'maintain minimum practice standards equivalent to the Core Standards of the RCVS Practice Standards Scheme'*. Therefore, in effect, Core Standards requirements are applicable to all veterinary practices in the United Kingdom, regardless of whether or not they are a member of the Scheme. As such, any changes were carefully considered.

9. In order to ensure the proposed amendments to Core standards received the required scrutiny, these were extracted and presented separately to Standards Committee at its meeting in February 2020, together with PSG's rationale for the changes. The Committee approved the changes to Core subject to some minor amendments, which have now been incorporated into the final edits presented to Council.

Implementation of the new Standards

10. The PSS team have been working closely with the software developer, SkillWise, in order to ensure that Stanley, the PSS management system, is ready for the upload of the new standards. This development project is due for completion in May 2020 and as such, these edits are presented with a view to 'rolling out' in mid-2020.

11. It has been agreed by PSG and the Standards Committee that the new Standards should be applied at a practice's next routine assessment. For Awards, the new requirements will be applied at the next Awards assessment, irrespective of the version of the Standards the practice was originally accredited under. In light of this, and with the exception of the Core changes which must be implemented immediately due to the Code requirement, practices will not be required to implement the new Standards until their next routine assessment. Upon launch of the new Standards, they will only be applied to assessment events set up after that point onwards. The usual routine is for the assessments to be arranged three months in advance, both for routine assessments and initial assessments, therefore, where a practice has already begun this process prior to the launch of the new version, it will not be subject to the new Standards until its next assessment.

12. Practices will be given notice of these impending changes and when they will come into force, including through RCVS news and PSS e-news. The PSS team is working with the Communications team regarding the sharing of this information.

Decisions required

13. Council are asked to review and approve the proposed changes to the:

a. Small Animal modules (Annexes A and B);
b. Farm Animal modules (Annexes C and D);
c. Equine modules (Annexes E and F).

Practice Standards Scheme

Modules and Awards

Small Animal

Version ~~2.22~~3 (~~November 2018~~insert date)

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Contents

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Introduction

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

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

Each of the modules will contain: Requirements, listing what a practice is expected to achieve in an Award or accreditation; Behaviours and Guidance notes, providing advice how to achieve the requirements, background information about the requirement or links to other organisations which also provide advice; and Documents, which details what supporting evidence might be expected at a PSS assessment.

If a document is accompanied by the  symbol it is expected that it will be uploaded to the PSS IT system and assessed before a visit to practice.

Accreditation Levels

Small Animal practice premises can apply for the following accreditations:

~~1.~~ Core Standards
~~2.~~ General Practice (GP)
~~3.~~ Emergency Service Clinic (ESC)
~~4.~~ Veterinary Hospital

Core Standards

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

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

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

General Practice

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

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

Emergency Service Clinic

Emergency Service Clinic accreditation reflects the work of a practice that can deal with emergency and critical care cases without an appointment.

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

Veterinary Hospital

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

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

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Small Animal Awards

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

~~1.~~ Team and Professional Responsibility
~~2.~~ Client Service
~~3.~~ Patient Consultation Service
~~4.~~ Diagnostic Service
~~5.~~ In-patient Service
~~6.~~ Emergency and Critical Care Service

Practice premises will be designated as 'Good' or 'Outstanding' within the Awards they select and will be free to promote themselves as such.

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

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

Assessors visiting practices applying for Awards will expect to see that behaviours and systems of work have been in place for at least three months and that any necessary training has occurred at least two months before the assessment.

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The tables below indicate how the Awards are formed from the Modules and the award points that are available. Some modules, such as Nursing contribute to more than one Award

Award 1: Team and Professional Responsibility				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Clinical Governance	23 – 26	~~260~~320	190~~160~~	260~~210~~
Infection Control and Biosecurity	81 – 84	320~~290~~	190~~180~~	260~~230~~
~~Medical Records~~	~~133 – 134~~	~~210~~	~~130~~	~~170~~
Medicines	120 – 125	390~~360~~	230~~220~~	310~~290~~
Practice Team	189 – 196	730~~570~~	440~~340~~	580~~460~~

Award 2: Client Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Client Experience	32 – 43	650~~510~~	390~~310~~	520~~410~~

Award 3: Patient Consultation Service

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Required Modules:	Pages	Award Points Available:	Good:	Outstanding:
Infection Control and Biosecurity	81 – 84	320~~290~~	190~~180~~	260~~230~~
Medicines	120 – 125	390~~360~~	230~~220~~	310~~290~~
Nursing	138 – 139	350~~320~~	210~~190~~	280~~260~~
Out-patients (First Opinion)	150 – 164	410~~370~~	250~~220~~	330~~300~~
Pain **Management** and Welfare	168 – 170	270~~270~~	160~~160~~	220~~220~~

Award 4: Diagnostic Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Diagnostic **Imaging**	61 – 64	490~~410~~	290~~240~~	390~~320~~
Laboratory and **Clinical Pathology**	101 – 103	330~~280~~	200~~170~~	260~~220~~

Award 5: In-patient Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Anaesthesia	14 – 18	700~~630~~	420~~380~~	560~~500~~
Dentistry	47 – 49	260~~250~~	160~~150~~	210~~200~~

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Infection Control and Biosecurity	81 – 84	320~~290~~	190~~180~~	260~~230~~
In-patients	91 – 94	470~~420~~	280~~250~~	380~~340~~
Nursing	138 – 139	350~~320~~	210~~190~~	280~~260~~
Pain Management and Welfare	168 – 170	270~~270~~	160~~160~~	220~~220~~
Surgery	209 – 213	790~~760~~	470~~460~~	630~~610~~

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Award 6: Emergency and Critical Care Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Emergency and Critical Care	69 – 74	620~~620~~	370~~370~~	500~~500~~
In-patients	91 – 94	470~~420~~	280~~250~~	380~~340~~
Nursing	138 – 139	350~~320~~	210~~190~~	280~~260~~
Pain Management and Welfare	168 – 170	270~~270~~	160~~160~~	220~~220~~

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

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

Where a Core Standards practice premises would like to apply for an Award it would also need to comply with the General Practice requirements within the applicable modules.

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

Modules and awards

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Module 1: Anaesthesia

Core Standards

Point	Requirements	Guidance notes	Documents
1.1.1	The practice must carry out monitoring of anaesthetic pollutants in operating areas and maintain written records of this. Written evidence of measurement of personal exposure to anaesthetic monitoring is required. Monitoring must be carried out on an annual basis or if the nature of the anaesthetic equipment and circuitry is changed. Assessors will check that the readings recorded fall within the current Workplace Exposure Limits for the agent(s) used.	The current workplace limits are: ~~1.~~ 10ppm Halothane ~~2.~~ 50ppm Isoflurane ~~3.~~ 60ppm Sevoflurane ~~4.~~ 100ppm Nitrous oxide All these values are subject to review and are calculated on an eight hour Time Weighted Average (TWA) basis.	Anaesthetic gas monitoring result.
1.1.2	The practice must provide facilities for the scavenging of anaesthetic gases. Scavenging must comply with current health and safety laws.	Facilities for scavenging include any device or ducting system for the removal of waste gases from the operating area: ~~1.~~ Passive scavenging – by duct to the open air ~~2.~~ Charcoal absorbers – e.g. Aldosorb ~~3.~~ Active scavenging – via a pump and air break device If a sophisticated active scavenging system is in operation it must be serviced annually. An inspection certificate must be available.	Inspection certificate for active scavenging system.

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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.~~A veterinary surgeon must administer general anaesthesia if the induction dose is either incremental or to effect.~~		
1.1.5	If gaseous anaesthesia is used, anaesthetic circuits suitable for the range of patients routinely anaesthetised at the premises must be provided.		
1.1.6	A record must be kept of every anaesthesia procedure performed.		
1.1.7	The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a range of endotracheal tubes available for the species usually treated.		
1.1.8	A second suitably trained person other than the surgeon must be in attendance for the specific purpose of monitoring the patient and maintaining anaesthesia (except in emergency or very short procedures e.g. cat castrate).	Monitoring a patient during anaesthesia and the recovery period is the responsibility of the veterinary surgeon, but may be carried out 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. Evidence of suitable training must be provided if the team member is not a veterinary surgeon or 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	Training records.

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		anaesthetic monitoring. Assessors may also ask to see the anaesthetic charts for elective procedures that have been carried out.	

Module 1: Anaesthesia

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
1.2.1	Anaesthetic equipment must be checked before use on a daily basis.	There should be records in place to verify equipment is checked on a daily basis. See BSAVA Manual of Small Animal Practice Management and Development.	
1.2.2	There must be a source of oxygen and an emergency oxygen flush with reducing valve, rotameter and vaporiser.		
1.2.3	Equipment for the administration of oxygen and the safe maintenance of anaesthesia and resuscitation must be appropriate for the species treated.		
1.2.4	Temperature compensated vaporisers must be used.		
1.2.5	Anaesthetic circuits suitable for the range of patients routinely treated must be provided.	Circuits must include a circuit suitable for small patients, such as a T-piece; a circuit suitable for medium sized patients; such as a Lack or a Bain; and a circuit suitable for a giant breed of dog; such as a circle unit, or a high flow rate mechanism for a non-rebreathing unit.	
~~1.2.6~~	~~A range of endotracheal tubes must be available.~~		

1.2.7	At least one monitoring device per anaesthetised patient must be available e.g. oesophageal stethoscope, pulse oximeter, capnograph or ECG.		
1.2.8	Anaesthetic charts must be filled in for each patient (except in emergency or very short procedures e.g. cat castrate). These charts must form part of the clinical records.	The charts must include: ~~1.~~ Date ~~2.~~ Personnel involved ~~3.~~ Induction agent (dose and time) ~~4.~~ Maintenance agent (dose and time) ~~5.~~ Duration of anaesthetic ~~6.~~ Surgical procedure ~~7.~~ Any anaesthetic complications ~~8.~~ Vital signs ~~-~~ Other medication administered (dose and time) ~~9.~~ This includes sedation.	Completed anaesthetic charts.
~~1.2.9~~	~~A trained team member, other than the surgeon, must be present to monitor the patient throughout the general anaesthetic.~~	~~Evidence of suitable training must be provided if the team member is not a Registered Veterinary Nurse. In-house training is acceptable but must be evidenced to assessors. Assessors will wish to speak to those put forward as having competency in anaesthetic monitoring.~~	~~Training records.~~
1.2.10	A clock or watch showing seconds must be visible to any team member monitoring an animal under anaesthesia or sedation.		
1.2.11	Equipment must be available for the maintenance of body temperature during anaesthesia and recovery.		
1.2.12	There must be suitable means of resuscitation. A resuscitation pack must always be maintained and be readily available for instant use and checked to ensure the contents are in date.	A concise chart of emergency drug doses must be kept with the emergency resuscitation box.	Chart of emergency drugs.

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		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.	
1.2.13	There is an SOP outlining how anaesthetic pollutants are reduced during anaesthetic procedures.	This should include: - Ensuring active scavenging system is switched on (if present) - Flushing of circuits - Location of recovering patients and ventilation of area - Warning signs when using open masking	
1.2.14	There must be an SOP for dealing with anaesthetic emergencies.		

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Module 1: Anaesthesia

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
1.3.1	A veterinary surgeon, RVN or SVN, other than the surgeon, ~~practice team member~~ is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered, at all times including out-of-hours (OOH).	Assessors will ask to see patient charts and team member rotas and will speak to team members.	Anaesthetic records.
1.3.2	[requirement deleted]	[requirement deleted]	[requirement deleted]
1.3.3	There are a suitable number of monitoring devices as required for the normal workload and at least one multi-parameter monitoring device is available.	This would normally be expected to include pulse oximetry, capnography, continuous ECG, body temperature and blood pressure.	
1.3.4	A range of induction and maintenance agents must be stocked to permit anaesthesia of all patients treated, including high risk patients.		
1.3.5	Records of vital signs and agents employed must be retained.	Assessors will ask to see copies of anaesthetic records.	Archived anaesthetic records.

1.3.6	There is proper ventilation during patient recovery to limit human exposure to exhaled anaesthetic gases.		

Module 1: Anaesthesia

Award Points

This module contributes towards the Award in In-patient Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
1.5.1	General anaesthesia CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of anaesthesia CPD.	10
1.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) in anaesthesia and there is evidence of dissemination to the rest of the team.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

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1.5.3	At least one MRCVS has a post-graduate qualification in anaesthesia and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in anaesthesia.	This includes AP status or an old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification. 	30
1.5.4	There are masks available in a suitable range of sizes, which are cleaned and disinfected after every use.	Systematic approach to maintaining cleaning and disinfection standards.	Team members will be asked to explain the process. An SOP is available for cleaning and its use is regularly audited.	Cleaning/ disinfection records.	20
1.5.5	Endotracheal tubes and breathing systems must be cleaned and stored appropriately.	Systematic approach to maintaining cleaning and disinfection standards.	Team members will be asked to explain the process. An SOP is available for cleaning and its use is regularly audited.	Cleaning/ disinfection records.	20
1.5.6	The practice has a protocol for the safe re-filling of anaesthetic vaporisers (e.g. a key-filling system).	The practice identifies and minimises risks to team members.	This will help reduce team members' exposure to inhalation agents.	Protocol for safe filling of vaporisers. 	20
1.5.7	There is a designated area for induction separate from the theatre.				20

1.5.8	The practice uses a checklist to identify the patient, procedure and current medication prior to premedication and induction.	A systematic approach to patient safety with appropriate checks made prior to procedures.	Team members will be asked to explain the process and provide an example checklist. See the AVA checklist for further information: http://bit.ly/1PbKk2k	Anaesthetic checklists.	30
1.5.9	A patient assessment including a risk assessment is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic and recorded.	A systematic approach to patient safety with appropriate checks made prior to procedures.	See the AVA checklist for further information: http://bit.ly/1PbKk2k		30
1.5.10	Patients have intravenous catheters in place during general anaesthetic and/or sedation for at least ASA categories 2-5.	An awareness of appropriate techniques.	See the AVA checklist for further information: http://bit.ly/1PbKk2k		30
1.5.11	The use of intravenous fluid therapy during anaesthesia for appropriate cases can be demonstrated.	An understanding of when such treatment is appropriate.		Anaesthetic records.	30
1.5.12	Patients are intubated or a supraglottic airway device is used to provide inhalational anaesthesia.	An awareness of appropriate techniques.	There may be exceptional circumstances where the size, anatomy or species of the patient precludes this.		30

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1.5.13	A ~~practice team member~~vet or RVN is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered from anaesthesia.	Appropriate patient aftercare, to the satisfaction of the supervising veterinary surgeon.	This does not have to be the same person all the way through but the hand over must be appropriate.	Anaesthetic records.	30
1.5.14	All anaesthetics are monitored by a veterinary surgeon, RVN or SVN under supervision.		Assessors will ask to see anaesthetic records and will talk to team members.	Anaesthetic records.	30
1.5.15	Training has been undertaken and facilities are available for monitoring respiratory rate.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed. Practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms, observations on the day and speaking with team members.	Anaesthetic records.	20
1.5.16	Training has been undertaken and facilities are available for monitoring blood oxygen saturation.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed. Practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms.	Anaesthetic records.	20
1.5.17	Training has been undertaken and facilities are available for monitoring blood pressure.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed. Practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms.	Anaesthetic records.	20

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1.5.18	Training has been undertaken and facilities are available for monitoring cardiac rhythm and rate.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed. Practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms.	Anaesthetic records.	20
1.5.19	Training has been undertaken and facilities are available for monitoring end tidal carbon dioxide.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed. Practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms.	Anaesthetic records.	30
1.5.20	Body temperature is monitored at appropriate intervals. ~~and steps taken to maintain normal body temperature.~~	Adequate monitoring of patients during procedures.	Assessors may ask team members to explain the process and to see anaesthetic records.	Anaesthetic records.	~~30~~10
1.5.21	Steps are taken to maintain normal body temperature.				20
1.5.~~21~~22	There has been adequate training of team members in the interpretation of data from and troubleshooting of monitoring equipment.	The practice trains team members to use relevant equipment.	Assessors may ask to see training records and may speak to team members.		30
1.5.2~~3~~2	There is a means of assisting ventilation, either manual or mechanical, available, which is used as needed.		The practice must be able to demonstrate that team members have been adequately trained in IPPV.		30

1.5.2~~43~~	A suitable number of team members are trained in CPCR of veterinary patients.		Written and practised procedures should be in place. Assessors may ask to see training records and may speak to team members.		20
1.5.2~~54~~	There is an appropriately ventilated designated staffed area for recovery of patients.		This is to reduce the occupational exposure to inhalational agents.		10
1.5.2~~65~~	Appropriate communication is held with the owner, prior to anaesthesia, explaining the potential risks and complications of the procedure.		This may be evidenced by an entry on the client record or a signed consent form including these details.		30
1.5.2~~76~~	Anaesthetic procedures are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits.	Audit report.	20
1.5.28	A team member has undergone training in local anaesthetic techniques.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.		20

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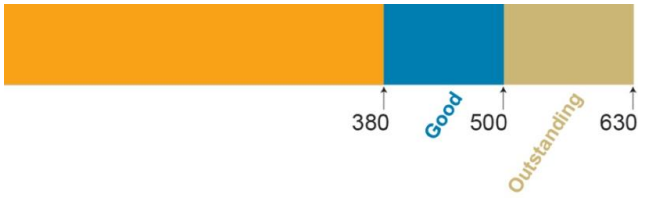
1.5.29	Local anaesthetic techniques are regularly used in practice.			Case records	20
1.5.30	A means of maintaining body temperature during surgical procedures is available and is used appropriately.		This may be achieved by using a warm air device.		30
			TOTAL POINTS AVAILABLE:		~~630~~700
			OUTSTANDING:		~~500~~420
			GOOD:		~~380~~560



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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.	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. 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. Evidence-based veterinary medicine is a key focus of RCVS Knowledge; www.rcvsknowledge.org/evidence-based-veterinary-medicine. Further information on Clinical Governance can be found on the RCVS Knowledge's website: www.rcvsknowledge.org/quality-improvement. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the RCVS Code of Professional Conduct: http://bit.ly/1TujSJR 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. There is a useful practical guide on the BSAVA website: http://bit.ly/1J1wc99 Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.~~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.~~ ~~Clinical effectiveness measures how well a particular procedure achieves the desired outcome. For practices to be clinically effective they need access to the best available evidence in order to discuss and draw up protocols, and monitor how effective they are by clinical audit and significant event reviews.~~ ~~Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1TujSJR~~ ~~Evidence-based veterinary medicine is a key focus of RCVS Knowledge: http://bit.ly/1MpqQeS.~~ ~~Further information on Clinical Governance can be found on the RCVS Knowledge's website: http://bit.ly/2EiJy6b~~ ~~There is a useful practical guide on the BSAVA website: http://bit.ly/1J1wc99~~ ~~Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.~~	

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2.1.2	Veterinary surgeons must refer cases as appropriate.	There should be protocols for referral that are regularly reviewed and known to all the practice team. Assessors will expect to see records of recent referrals or of case discussions ~~where referral was recommended.~~with referral practices. 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: http://bit.ly/2rXiaHs	
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.		

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Module 2: Clinical Governance

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
2.2.1	The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.	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: www.rcvsknowledge.org/quality-improvement~~http://bit.ly/2EiJy6b~~.	Written evidence of continual improvement, regular clinical meetings, journal clubs or clinical protocols and guidelines.
2.2.2	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.	
2.2.3	There is evidence of development of practice guidelines and protocols.		

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2.2.4	Where appropriate, copies of clinical protocols/guidelines are available for new team members and locum induction.	Consistent information is provided to all new team members. Evidence of induction records and training.	Induction and training records.

Module 2: Clinical Governance

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
2.3.1	Regular morbidity and mortality meetings and significant event meetings must be held to discuss the outcome of clinical cases. There are records of meetings and changes in procedures as a consequence.	Open, honest discussions with clear actions and no barriers to feedback. Discussions should be ongoing, or at least monthly as a minimum, and would ideally be face-to-face. Evidence of changes made as a result of such meetings.	Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement.
2.3.2	Clinical procedures carried out in the practice are audited, ~~and~~ any changes are implemented as a result and then re-audited.	There is evidence that some commonly used procedures are audited and that any changes required are implemented. This forms part of the regular review of best practice. A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's Tools and	Audit report and recommendations with evidence of actions.

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		Resources page: www.rcvsknowledge.org/quality-improvement~~http://bit.ly/2EiJy6b~~	

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Module 2: Clinical Governance

Award Points

This module contributes towards the Award in Team and Professional Responsibility; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
2.5.1	Clinical governance CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of clinical governance CPD.	2~~1~~0
2.5.2	At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance ~~or equivalent~~.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

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2.5.3	The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care.	Open, honest discussions with clear actions and no barriers to feedback.	Meetings should be monthly as a minimum and do not necessarily need to be face-to-face.	Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement.	20
2.5.4	Following a significant event (e.g. unexpected medical or surgical complication, anaesthetic death, accident or serious complaint), a 'no-blame' meeting is held as soon as possible to consider what, if anything, could have been done to avoid it.	Open, honest discussions with clear actions and no barriers to feedback. The emotional impact of the event on team members is explicitly addressed in a supportive environment.	The meeting is recorded and any changes in procedure as a result are communicated to all team members. Team members needing additional support in the aftermath of a significant event should be signposted to Vetlife or their GP. Guidance, including examples and templates to assist practices with significant events can be found on RCVS Knowledge's Tools and Resources page: www.rcvsknowledge.org/quality-improvement~~http://bit.ly/2EibY6b~~	Significant event reports and~~or~~ meeting minutes.	30

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2.5.5	Clinical protocols and ~~/~~guidelines are drawn up and reviewed following team discussion considering the evidence base.	The practice reviews current evidence to inform local practise~~best practice.~~	Evidence of reviews of procedures and changes made as a result of review. Examples and templates to assist practices in the creation and review of guidelines and protocols can be found on RCVS Knowledge's Tools and Resources page: www.rcvsknowledge.org/quality-improvement~~http://bit.ly/2EiJy6b~~	Clinical protocols or guidelines.	20
~~2.5.6~~	~~Copies of clinical protocols/guidelines are available for new team members and locum induction.~~	~~Consistent information is provided to all new team members.~~	~~Evidence of induction records and training.~~	~~Induction and training records.~~	~~20~~
~~2.5.7~~	~~There is a system for updating team members on the use of all new equipment, procedures and new medicines used in the practice.~~				~~20~~
2.5.8	The practice runs regular journal clubs.		This forms part of the review of best practice. Support in running journal clubs is provided through RCVS Knowledge Library https://knowledge.rcvs.org.uk/document-library/setting-up-and-running-a-journal-club-in-practice/.	Records of journal club meetings.	20

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2.5.9	Information learned from referral reports is shared with the clinical team~~There are protocols for referral that are regularly reviewed and known to all the practice team.~~		~~Evidence of annual review.~~ ~~Referral reports are shared with the team.~~	~~Referral protocol.~~	10
2.5.10	Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited.~~Clinical procedures carried out in the practice are audited and any changes implemented as a result.~~		There is evidence that some commonly used procedures are audited and that any changes required are implemented. This could be process or outcome audit. This forms part of the regular review of best practice. See RCVS Knowledge's Tools and Resources page for advice: www.rcvsknowledge.org/quality-improvement~~http://bit.ly/2EiJy6b~~	Audit reports and actions.	30

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2.5.11	Regular morbidity and mortality discussions are held to discuss the outcome of clinical cases; there are records of discussions and changes in procedures as a consequence.	Open, honest discussions with clear actions and no barriers to feedback. These discussions explicitly address the emotional impact of clinical cases with a poor outcome.	There are records of discussions and changes in procedures as a consequence. Discussions should be ongoing or at least monthly and would ideally be face-to-face. Evidence of changes made as a result of such meetings. Team members needing additional support should be signposted to Vetlife or their GP. See RCVS Knowledge's Tools and Resources page for advice: www.rcvsknowledge.org/quality-improvement~~http://bit.ly/2EiJy6b~~	Minutes of meetings.	20
2.5.12	The practice is contributing data towards professional benchmarking or clinical data collection, or data for future potential publication.	Sharing of information to facilitate research and/or improve best practice.	This could include contributing data towards undergraduate projects or clinical data to organised multicentre studies for potential publication (e.g. Veterinary Evidence (www.veterinaryevidence.org), vetAUDIT (www.vetaudit.co.uk), VetCompass (www.rvc.ac.uk/vetcompass) or SAVSNET (www.liverpool.ac.uk/savsnet).~~e.g. Veterinary Evidence, VetAudit, VetCompass or SAVSNET~~).		40
2.5.13	There is an organisational commitment to continual improvement.		This should be demonstrated at the practice level. Assessors will expect to see evidence of quality improvement activities.	Practice continual quality improvement policy.	20

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2.5.14	Information from significant event meetings is shared with the profession in order to enable learning.		This could be shared within a practice group, via RCVS Knowledge's online forum (https://knowledge.rcvs.org.uk/document-library/case-study-form/), or via VetSafe (http://www.vds-vetsafe.co.uk/login/?ReturnUrl=%2F)		10
2.5.15	The practice contributes to the evidence base.		This could be by writing RCVS Knowledge summaries (https://www.veterinaryevidence.org/index.php/ve/about/submissions#authorGuidelines), research publications, or using BestBETS for Vets (https://bestbetsforvets.org/).		10
2.5.16	There is a designated person in the practice responsible for overseeing clinical governance.				30
2.5.17	The clinical records system is set up in such a way as to allow data mining for the purposes of clinical governance, clinical audit, benchmarking, clinical research etc.		The records system can search e.g. name of a procedure.		20
			TOTAL POINTS AVAILABLE:		~~260~~320
			OUTSTANDING:		260~~210~~
			GOOD:		~~190~~160

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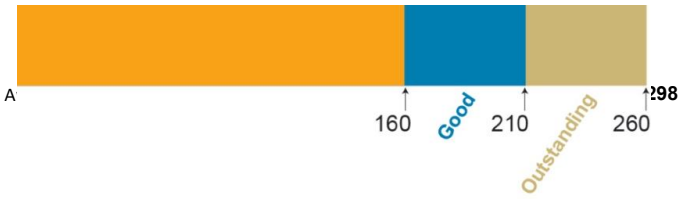

Module 3: Client Experience

Core Standards

Point	Requirements	Guidance notes	Documents
3.1.1	The practice must have an effective means of communication with its clients.	The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: ~~1.~~ The provision, initial cost and location of the out-of-hours emergency service ~~2.~~ Information on the care of in-patients ~~3.~~ The practice's complaints handling policy ~~1.~~ Full terms and conditions of business to include, for example: ~~1.~~ • Surgery opening times ~~2.~~ • Normal consulting hours operating times ~~3.~~ • Fee or charging structures ~~4.~~ • Procedures for second opinions and referrals ~~5.~~ • Use of client data ~~1.~~ • Access to and ownership of records ~~2.~~ The practice's privacy policy notice to include, for example: ~~3.~~ • Practice contact details ~~4.~~ • How client data will be used and processed ~~5.~~ • The purposes for which the client data is being processed and the legal basis for doing so ~~6.~~ • The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. ~~7.~~ • The data retention period or how such period is determined	Information for new clients or terms and conditions.

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		~~8.~~• The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) ~~9.~~• The data subjects rights and any relevant information needed to ~~to~~ lodge a complaint with the Information Commissioners Office 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.~~Evidence could include client information leaflets, newsletters, emails to clients and reminders. This information might be displayed on the website, provided to new clients and/or displayed in the surgery.~~ In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/). Where the lawful basis relied upon is consent, practices should ensure that communications are ~~any electronic marketing communications presented or sent to the client should, however, only be~~ 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	

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		from silence. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent.) ~~Practices must provide a privacy policy to clients and put effective procedures in place in order to respond properly if clients exercise their rights under the GDPR (i.e. the right to access their personal data, the right to rectification and erasure, the right to be forgotten, the right to restrict processing, the right to data portability and the right to object to the processing of their personal data).~~ For further information please refer to: http://bit.ly/2rXiaHs	
3.1.2	The practice must have a means of recording and considering client complaints.	~~Practices must provide a privacy policy to clients and put effective procedures in place in order to respond properly if clients exercise their rights under the GDPR (i.e. the right to access their personal data, the right to rectification and erasure, the right to be forgotten, the right to restrict processing, the right to data portability and the right to object to the processing of their personal data).~~ For further information please refer to: http://bit.ly/2rXiaHs	Record of client complaints.

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3.1.33	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.	
3.1.43.1.4	Veterinary surgeons must respond promptly, fully and courteously to clients' complaints and criticisms.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.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. Complaints procedure.
3.1.5	Options are discussed regardingThere is a written protocol for cremation, destination of ashes etc.		
3.1.6	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.Charges are discussed with clients.	The practice must be able to demonstrate how fee estimates are generated and show the procedures for updating and informing clients of ongoing costs. Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records. Practices should be aware of their obligations under GDPR when communicating with clients. For further information please refer to: http://bit.ly/2rXiaHs	

Module 3: Client Experience

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
3.2.1	There must be sufficient telephone capacity and human resources to meet the workload of the practice.	It could be that the practice carries out a regular audit of time taken to answer calls.	
3.2.2	Team members should be effective at prioritisation of emergency cases.	The practice team who are responsible for answering phones should be aware of cases that require immediate emergency attention and how to communicate and liaise with a veterinary surgeon to provide appropriate attendance. Examples of acute trauma that may require urgent attention include fractures, wounds causing massive blood loss 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	Clients are aware of identity of team members responsible for the care of their animals and any changes in personnel day-to-day.	Pictures on notice boards, name badges, websites, social media, and newsletters. Practices will be expected to update websites and RCVS Find a Vet regularly.	
3.2.4	Insurance claims are handled efficiently and in a timely manner.	More information about managing insurance claims can be found in the supporting guidance for the Code of Professional Conduct: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/practice-information-and-fees/.	

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		There should be a written protocol for responding to insurance claims.	
3.2.5	There must be a written policy to deal with clients' complaints or criticisms and the practice must keep a record of complaints received and the responses made.	This should be in line with guidance provided by the VDS or similar organisation and should include at least: - Details of who deals with complaints in the practice - How complaints are dealt with - Timescales for responding to clients about complaints.	Written complaints policy.
3.2.6	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	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.	

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Module 3: Client Experience

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
3.3.1	The practice must have a means of encouraging feedback from clients and acting upon the results of feedback.	A consistent and systematic approach to gathering feedback and evidence of analysis and actions taken. Practices should be aware under GDPR that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs	Analysis of feedback and action taken.

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Module 3: Client Experience

Award Points

This module contributes towards the Award in Client Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
3.5.1	A member of the team has undertaken training in the last four years in communication and handling difficult situations. ~~and provided internal training to the team.~~		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.~~	Documented proof of communication CPD.	1~~2~~0
3.5.2	There is an appointment system for named veterinary surgeons.				10

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3.5.3	The practice provides guidance on parking facilities and access.		Information regarding parking facilities is available on the practice's website, social media and in new client packs.		10
3.5.4	Clients' preferred clinician is noted on records, if applicable.				10
3.5.5	The practice has an online presence which is updated with the latest information on opening times, services and team members.		Assessors may check the website and ask team members how they ensure this is kept up-to-date.		20
3.5.6	A range of media is used to communicate and interact with clients.		This might include social media, newsletters etc. When using social media practices should be respectful of and protect the privacy of others and comply with the data protection laws and their own practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs		20

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3.5.7	The time taken to answer the telephone is monitored.				20
3.5.8	There are current and relevant notice boards in the public areas of the practice.		This can include electronic notice boards, details of current topical items or education.		20
3.5.9	There is a reminder system in place e.g. for; vaccinations, follow-up examinations, dental checks and parasite control by telephone.	According to client preference.	In order to comply with the provisions of the GDPR, veterinary surgeons and veterinary nurses should only send vaccination reminders to clients where (a) clear and specific consent has been freely given, or (b) the client has provided a "soft-opt in". This is because these reminders are likely to be considered to be marketing material. If the client withdraws their consent or opts out, further reminders should not be sent. For further information please refer to: http://bit.ly/2rXiaHs		10

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3.5.10	There is a reminder system in place e.g. for; vaccinations, follow-up examinations, dental checks and parasite control by text.	According to client preference.	In order to comply with the provisions of the GDPR, veterinary surgeons and veterinary nurses should only send vaccination reminders to clients where (a) clear and specific consent has been freely given, or (b) the client has provided a "soft-opt in". This is because these reminders are likely to be considered to be marketing material. If the client withdraws their consent or opts out, further reminders should not be sent. For further information please refer to: http://bit.ly/2rXiaHs		10

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3.5.11	There is a reminder system in place e.g. for; vaccinations, follow-up examinations, dental checks and parasite control by email.	According to client preference.	In order to comply with the provisions of the GDPR, veterinary surgeons and veterinary nurses should only send vaccination reminders to clients where (a) clear and specific consent has been freely given, or (b) the client has provided a "soft-opt in". This is because these reminders are likely to be considered to be marketing material. If the client withdraws their consent or opts out, further reminders should not be sent. For further information please refer to: http://bit.ly/2rXiaHs		10
3.5.12	The practice has a means of monitoring client perceptions and feedback via a systematic gathering process.	A consistent and systematic approach to gathering feedback.	Practices should be aware under GDPR that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs	Analysis of feedback and actions.	10

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3.5.13	The practice has a means of monitoring client perceptions and feedback and there is evidence that the practice acts upon such feedback.	Evidence that analysis is done to determine any required action.	Practices should be aware under GDPR that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs	Analysis of feedback and actions. 	30

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3.5.14	Use of RCVS PSS client questionnaire.		Please contact the Practice Standards Team, who will provide you with your unique, on-line, pre PSS assessment client questionnaire and advise you how many clients you need to send it to. The number of clients you need to send the questionnaire to will be based on the size of your practice. For a small animal practice 50 responses per FTE vet is expected from the last two months. The results will be discussed with the practice. Practices should note that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. Please refer to the Guidance under Core requirement 3.1.1 for more guidance on GDPR responsibilities in this area.		40

3.5.15	At least one member of the team has undertaken training in bereavement counselling in the last four years and provided internal training to the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider e.g. Blue Cross Pet Bereavement Support course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members training records that the knowledge gained from such a course has been disseminated to other staff members.	Proof of bereavement counselling CPD. 	20

3.5.16	There is client information available on coping with the loss of their pets and sources of support.		This could include leaflets or websites such as Our Special Friends: http://bit.ly/1TwDXKm or The Pet Loss Vet: http://bit.ly/1gD0TL9 Client information should include details of either a practice bereavement counsellor or a local bereavement counselling service. Suggestion to include emotional support for clients and team members.		10
3.5.17	All relevant team members understand and are able to clearly communicate the practice's financial terms and conditions and insurance protocols, plus any alternative payment mechanisms that may be available including possible charitable eligibility.		Written information for clients is advisable and assessors may talk to team members.	Written information for clients on financial arrangements.	10

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~~3.5.18~~	~~All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations.~~		~~This might be demonstrated by client feedback.~~		~~40~~
3.5.19	There is a process in place to ensure that referrals are carried out to a consistent standard.		The protocol must ensure the transfer of records and clinical information are accurate and consistent.	Referral protocol.	10
3.5.20	There is a system for updating the clients on fees on a frequent basis and for alerting the client as soon as practicable when fees reach or exceed the estimate or agreed fee interval.		Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records. Practices should be aware of their obligations under GDPR when communicating with clients. For further information please refer to: http://bit.ly/2rXiaHs		10

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3.5.21	Payment options for all pets (including insured animals) are clearly communicated to clients.		Assessors will check that this is covered in the terms of business.	Client literature.	10
3.5.22	Practices should have measures in place to direct clients to appropriate sources of information to help them choose an appropriate insurance policy for their animal.		Only team members who have received Appointed Persons Training should give advice about specific policies.		10
3.5.23	Practice tours ~~and client awareness events~~ are encouraged and available.		Practice tours might be virtual.		10

3.5.24	Team members have received training on customer service within the last four years~~ and provided internal training to the team.~~		This does not have to be veterinary specific training. This includes all members of the practice team, clinical and non-clinical. Within a 4 year period 50% of the team should have attended customer service training (internal or external). All new team members must attend customer service training within the initial 12 months of employment This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~Evidence through team members training records that the knowledge gained from such a course has been~~	Proof of customer service CPD.	10~~30~~

			~~disseminated to other staff members.~~		
3.5.25	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
3.5.26	A method is in place to monitor the client understanding of the consultation.		This could be through consultation exit feedback.		10
3.5.27	There is an annual consideration of appointment schedules, including need for early pick-ups or drop-offs.		This enables an assessment to be made regarding demand for early/late/weekend appointments. The practice considers clients' suggestions and implements where practical.		10
3.5.28	Team members understand PSS. ~~and communicate what accreditation means to clients.~~		Evidence is required that team members know their practice accreditation level and any awards achieved, what the Scheme means and why the practice participates.		30~~40~~

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~~3.5.29~~	~~There is a system in place for the delivery of repeat dispensed medicines.~~		~~This may be an SOP for posting medicines.~~	~~SOP or protocol.~~	~~10~~
3.5.30	There should be a culture of whole team reviewing and learning together from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.	It should be evident in discussion that complaints are seen as a positive way to engage with clients. ~~Practices that focus just on reducing or eliminating complaints do not understand the process.~~	Evidence of a record of the feedback and where appropriate investigation and action as a result. Assessors will speak to team members to understand better the attitude towards clients.	Analysis of feedback and complaints.	40
3.5.31	Team members can discuss what they have learnt from training in communication and handling difficult situations and what changes have been made to the practice as a result.		Evidence that the knowledge gained from training in communication and handling difficult situations has been disseminated to other staff members.		20
3.5.32	The practice has a protocol for providing special assistance to clients when required.				10
3.5.33	There is a written protocol for continuity where clinically applicable.				10

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3.5.34	The practice carries out client focus groups to monitor client perceptions and feedback.		This should be at least annually.	30
3.5.35	There is evidence that the practice acts upon feedback from client focus groups.			20
3.5.36	The practice has achieved a Net Promoter Score (NPS) of 80 or over in the pre-PSS assessment client questionnaire.			10
3.5.37	Client awareness and education events are held by the practice.		A total of three events per year must be held, including at least one face to face.	30
3.5.38	Team members can discuss what they have learnt from training in customer service and what changes have been made as a result.		Evidence that the knowledge gained from customer service training has been disseminated to other staff members.	20
3.5.39	The practice communicates to its clients what PSS means.		'Information could be provided in client welcome packs, on the practice website or on waiting room displays.	20

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3.5.40	The PSS Communications Toolkit is used by the practice to promote its Accreditations and Awards.		Assessors will expect to see examples of where the toolkit has been used in social media, advertising etc.		20
3.5.41	Team members have attended training in consultation skills.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.		10
3.5.42	Team members can discuss what they have learnt from training in consultation skills and what changes have been made as a result.				20
3.5.43	The practice utilises a protocol to update records regarding deceased patients including removal of patients' names from reminder lists.	Team members understand the rationale behind this.		Protocol for updating records.	10
			TOTAL POINTS AVAILABLE:		650~~510~~
			OUTSTANDING:		520~~410~~
			GOOD:		390~~310~~

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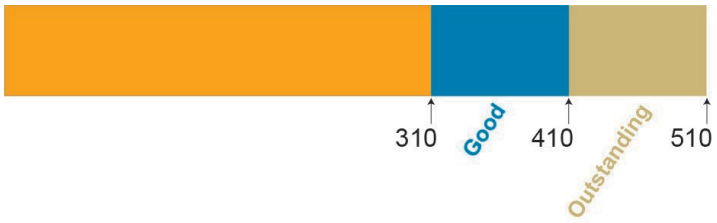

Module 4: Dentistry

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 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) must be available and used.	Aprons, face masks, goggles and disposable gloves.	
4.1.4	A selection of diagnostic/treatment equipment appropriate for the range of species to be treated must be present.	A selection of hand scalers, curettes, periodontal probes, elevators and/or luxators must be available, suitable for the range of species to be treated.	

Module 4: Dentistry

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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

4.2.6	Sterile dental equipment is available for surgical extractions and used.	This would apply to any extraction that requires a gingival flap.	

Module 4: Dentistry

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
4.3.1	Dentistry must never be performed in surgical theatres.	Specific measures to prevent contamination beyond the immediate dental area must be taken. These might include use of suction tips close to the operating head of scalers and dental hand pieces, an extraction fan close to the operating site or ideally a dedicated dental procedure room with negative pressure ventilation.	
~~4.3.2~~	~~The use of sterilised dental packs for each procedure is required.~~		
4.3.3	~~Suitable facilities to obtain dental radiographs~~ A dedicated dental radiography machine must be available and the practice must demonstrate that effective dental radiography is conducted regularly.		

Module 4: Dentistry

Award Points

This module contributes towards the Award in In-patient Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
4.5.1	Dental CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of dentistry CPD.	30

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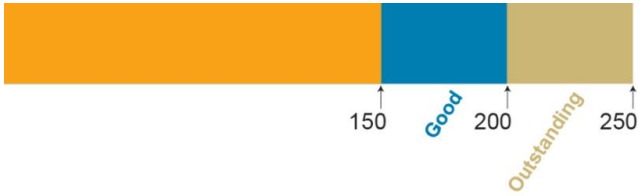
4.5.2	At least one MRCVS has a post-graduate qualification in dentistry.	This person will be expected to be involved in drawing up and implementing protocols and team training in dentistry.	~~This includes AP status or an old style Certificate.~~ If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline. Points for this requirement will be updated once dentistry courses are more readily available.	Proof of qualification.	10
4.5.3	There is a dedicated dental procedures area with appropriate ventilation.		This area may be used for other contaminating procedures. Air extraction from contaminated areas should not contaminate clean areas.		20
4.5.4	The practice has a dedicated dental radiography machine and produces diagnostic quality dental radiographs. ~~images.~~		This covers the species normally treated by the practice.		40
4.5.5	Dental charts are regularly used and accessible.		Charts will be used in all dental procedures.~~Charts will be used in the majority of dental procedures.~~	Dental charts.	30

4.5.6	Appropriate lighting suitable for illuminating the oral cavity is available.		For example a surgical or medical quality head torch.		10
~~4.5.7~~	~~Closed sterile packed instruments are available.~~				20
4.5.8	Magnification is available and used regularly.		For example loupes/endoscopes are used when required.		10
4.5.9	Local anaesthesia procedures are used.		Assessors may ask to see patient records.		20
4.5.10	There is appropriate waste fluid management.		There must be provision for drainage of fluids from the mouth during dental procedures.		10
4.5.11	Provision of educational resources on preventative oral health care is provided for clients routinely and always after dental procedures.		Educational resources could include: website, posters, verbal instructions, nurse clinics, client meetings, tooth brushing, appropriate chews, dental diets, warnings regarding inappropriate and dangerous activities and products (such as playing with sticks/stones/tennis balls and chewing hard bones/antlers).	Copies of client information.	20

4.5.12	There is written evidence of practice dental ethics policy.		This should include a policy for the referral of complex dental cases and cosmetic/elective treatments.	Dental ethics policy.	10
4.5.13	Dental procedures are subject to clinical audit.	Open, honest analysis with clear actions, no barriers to feedback.	This could be outcome, process or significant event audits.	Audit reports.	20
4.5.14	There is a protocol for the appropriate use and removal of pharyngeal swabs.				10
			TOTAL POINTS AVAILABLE:		~~250~~ 260
			OUTSTANDING:		~~200~~ 210
			GOOD:		~~150~~ 160



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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 5.1.2 to 5.1.17.

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.	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. 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. Practices must also notify the HSE if they exceed the radon threshold.	Evidence of registration and/or consent.

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5.1.3	The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice.	Assessors will ask to see an agreement with an RPA, including the scope of the activities upon which advice is required. 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. Material changes e.g. equipment or workload must be notified to the RPA, who will decide if a visit is required. Practices should note that a Certificate of Competency issued to an RPA does not automatically denote experience of veterinary practice and suitable enquiries should be made. A list of the RPA 2000 Certificate holders is available from: http://bit.ly/1Elwabc	Letter of appointment of RPA.
5.1.4	The practice must appoint a Radiation Protection Supervisor (RPS) in writing.	Assessors will ask to see the written appointment of one or more suitable RPSs. The RPS ~~must~~ 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. HSE require any RPS to have had recent relevant radiation protection training within the last 5 years. Assessors will expect to speak to the RPS(s) during the visit.	Letter of appointment RPS.

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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.	The risk assessment must be sufficient to demonstrate that: ~~1.~~ All hazards with a potential to cause a radiation accident have been identified ~~2.~~ The nature and magnitude of the risks have been evaluated Where the risk assessment shows the existence of a risk of a reasonably foreseeable radiation accident, the radiation employer shall take all reasonable steps to: ~~1.~~ Prevent any such accident ~~2.~~ Limit the consequences of any such accident ~~3.~~ Provide employees with such instruction and training as is necessary to restrict their exposure 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 http://bit.ly/1ZyVMyc	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.	Local rules must be displayed in or near each X-ray area~~room~~. They must contain: Name of RPS - Controlled area – when and where it exists - Dose investigation level - Contingency plan - Written arrangements - Duties of RPS - How entry to controlled area is restricted Optional: - Name, address and telephone number of RPA - Arrangements for maintenance of equipment - Dosimetry arrangements - Use, storage and inspection of Personal Protective Equipment (PPE) Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.	Local Rules for Radiography.

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5.1.7	A controlled area must be designated in accordance with advice from the RPA. It must also be adequately described in the local rules, physically demarcated where practical and provided with suitable and sufficient signs and warnings, all in accordance with the RPA's advice. Automatic warning lights are required at every entrance to the controlled area.	Within practice premises a specified room(s) must be designated for radiography. It is desirable but not essential that the room(s) is used solely for radiography. 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.	
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.	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. A guide to Ionising Radiations is available from the BVA website: http://bit.ly/2f4HabN	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, and endoscopic images etc. covering appropriate regions of the body.	

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5.1.10	Sufficient Personal Protective Equipment (PPE) must be provided and examined at regular intervals. All protective clothing must be thoroughly examined on an annual basis and a record kept. Regular inspection of safety equipment must be recorded.	When necessary, the practice must provide at least one protective apron ~~with a lead equivalence throughout of not less than 0.25mm~~, and, if animals are ever held, must provide hand, ~~and~~ forearm and thyroid protectors with a lead equivalence of not less than 0.5mm, sufficient for all personnel involved. When not in use, aprons should be stored and transported appropriately to avoid damage. Assessors will check team members' understanding of appropriate use. PPE may not be required where a practice confirms that: ~~1.~~ Animals are never held and ~~2.~~ Team members are in a shielded position and can remain shielded in accessing the isolation switch ~~3.~~ The practice provides written confirmation from their RPA that the situation is acceptable The risk assessment should be reviewed at least annually.	Protocol and records for examining PPE.
5.1.11	The X-ray machine must be serviced according to manufacturer's requirements and there must be written evidence of a satisfactory service record.	Assessors will ask to see the X-ray machine's service records. Service engineers should be registered with the HSE.	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.	

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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.	If wet processing is used, an SOP should be in place. In particular, the development time, temperature and replenishment must be in accordance with the manufacturer's instructions. All X-ray chemicals must be stored safely and disposed of in an appropriate manner. See BVA Good practice guide to handling veterinary waste for further information: http://bit.ly/1WfH1P6 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.	Advice of water authority.
5.1.15	There must be sufficient provision for the non-human restraint of patients during radiography. Sufficient means of mechanical and chemical restraint must be provided for the range of species treated.	No animal should be held unless there are clinical reasons why they cannot be restrained by other means. Positioning aids such as sand bags, cradles, wedges and ties must be suitable for the range of species routinely treated. Suitable drugs and equipment for anaesthesia or sedation must be available.	

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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 unless there has been a risk assessment showing no significant radiation doses to team members over a 12 month period and very low risk of accidental exposure; ~~4.~~ There is absolutely no manual restraint ~~5.~~ The isolation switch is possible to access from a shielded position Records must be maintained of the doses received for at least two years.	The arrangements for personal dose monitoring must be made in consultation with the RPA. Any personal dose meters should normally be worn on the trunk. They must not be left inside a controlled area when not being worn unless they are in a fully shielded position 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. Personal dose monitoring arrangements should include locum vets and nurses.	Dose monitoring records.

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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.	The record must provide a permanent record of all X-ray exposures and identify the persons involved. Digital systems should also have a recording of exposures and not just to ensure the settings work but to record the personnel involved. If digital systems have a section for reporting the quality of images, this can be recorded there. Suitable back-up must be provided for any electronic records. An exposures guide should also be available. A chart or specific list of commonly used exposures is more accessible than an X-ray logbook and helps to reduce the number of incorrect exposures. If manual restraint is used, this should be highlighted on the record. Team members may be asked to retrieve an example exposure. Team members should be proficient in recognising film faults.	X-ray record and exposure guide.

Module 5 Diagnostic Imaging

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and points 5.1.2 to 5.1.17 under Core Standards.

Point	Requirements	Guidance notes	Documents
5.2.1	There must be X-ray facilities suitable for the range of species routinely treated.	For an individual premises (branch or main practice) to be accredited as a General Practice there must be X-ray facilities actually available on site in those premises. Practices with a CT scanner are also required to have an X-ray on the same site.	
5.2.2	A suitable range of cassettes and screens must be available. A good quality grid must be available for use with analogue X-ray systems.	A range of grids suitable for species routinely treated should be available. This should include a grid and cassette of at least 30cm x 40cm. The underlying principle is that X-rays of a large dog's chest may be taken in one picture to avoid errors in two frames.	
5.2.3	Original diagnostic images should be retained for an appropriate period.	Images may be hard copy or in digital format. Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice. Before disposal of images, consideration should be given to their potential future value (ideally these should be retained for at least the life of the patient). Consult your indemnity insurer for advice on retention period.	
5.2.4	Diagnostic images must have a means of patient identification.	Labels or digital tags are acceptable. The date and L/R marker should also be included.	

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5.2.5	The practice must provide or have arranged access to ultrasound diagnostic services suitable for the species treated.		
5.2.6	The practice must be visited by a radiation protection adviser (RPA) at least every 4 years who possesses appropriate knowledge and experience relevant to veterinary practice.	The assessor will expect to see evidence that an RPA (or representative) has visited and inspected the site. All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA.	
5.2.7	There is an SOP for radiography.		
5.2.8	An ultrasound system capable of providing diagnostic quality images of the range of species treated is provided.		

Module 5: Diagnostic Imaging

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under 5.1.2 to 5.1.17 of Core Standards and all of General Practice.

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Point	Requirements	Guidance notes	Documents
5.3.1	Screen film combinations or digital systems to minimise radiographic exposure while providing the necessary level of detail must be used.	Screens must be kept clean.	
5.3.2	A good quality grid must be available for use with digital X-ray systems.	A range of grids suitable for species routinely treated should be available. This should include a grid and cassette of at least 30cm x 40cm. The underlying principle is that X-rays of a large dog's chest may be taken in one picture to avoid errors in two frames.	
5.3.3	Measuring callipers, or other suitable devices, must be available to determine accurately the depth of the part being radiographed, and this should be recorded.		
5.3.4	The hospital must be able to perform a range of contrast examinations and a suitable range of contrast material must be available.	Evidence of these must be provided.	
5.3.5	The sole use of self-adhesive labels for the identification of radiographs is not acceptable. Radiographs should be permanently identified at the time of the exposure.		

~~5.3.6~~	~~An ultrasound system capable of providing diagnostic quality images of the range of species treated is provided.~~		
5.3.7	ECG equipment producing a recordable trace suitable for taking measurements is provided.		
5.3.8	ECG recordings are suitably filed and stored.	Team members can demonstrate suitable filing and storage of recordings.	
5.3.9	Endoscopes are provided to allow diagnostic investigation of the upper and lower digestive tract and upper airway/trachea of appropriate species, and there should be the ability to record images.	There must be a suitable quantity and range of endoscopes for the range of species routinely treated and procedures routinely carried out.	
5.3.10	A pair of endoscopy biopsy forceps is available, compatible with the equipment available.		
5.3.11	Equipment for the measurement of intraocular pressure must be available.		
5.3.12	The practice must have the ability to record ultrasound images.		

Module 5: Diagnostic Imaging

Award Points

This module contributes towards the Award in Diagnostic Service; you will also need to have completed all of the points listed under 5.1.2 to 5.1.17 of Core Standards and all of General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
5.5.1	General diagnostic imaging CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of Imaging CPD.	10
5.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) veterinary diagnostic imaging and there is evidence of dissemination to the rest of the team.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20
5.5.3	At least one MRCVS has a post-graduate qualification related to veterinary diagnostic imaging and	This person will be expected to be involved in drawing up and	This includes AP status or an old style Certificate.	Proof of qualification.	30

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	there is evidence of dissemination to the rest of the team.	implementing protocols and team training in diagnostic imaging.	If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.		
5.5.4	Diagnostic images are easily searchable by patient name and date.		Assessors may ask for a demonstration of how images are retrieved.		20
5.5.5	Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners in DICOM format.		Email, CDs, memory sticks etc. with images in DICOM format~~icom or more easily accessed formats~~. If the diagnostic images contain personal data of the client, it is strongly advised that they are kept secured and password-protected when sending electronically.		10
5.5.6	A range of images are available for reference.		Images of normal patients or with common conditions.		30
5.5.7	Training aids - CPD reference material is available.		Text books and/or electronic resources.		10

5.5.8	Evidence is provided of training team members in the use and routine maintenance of all imaging equipment available within the practice.		Team members training records. Reference material must be available and team members will be interviewed by the assessor.	Training records.	20
5.5.9	Facilities are available for radiographic pneumocystogram/double contrast cystogram and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20
5.5.10	Facilities are available for radiographic barium and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20
5.5.11	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
5.5.12	Facilities are available for radiographic excretory urography and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20
5.5.13	Facilities are available for diagnostic endoscopy (rigid) – arthroscopy/rhinoscopy and there is a			Case notes and good quality	20

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	protocol for and evidence showing that it is used in practice.			diagnostic images.	
5.5.14	Facilities are available for diagnostic endoscopy (flexible) and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20
5.5.15	Facilities are available for ECG (interpretation in-house or telemetric interpretation service) and there is a protocol for and evidence showing that it is used in practice.			Case notes and ECG traces.	20
5.5.16	Facilities are available for diagnostic ultrasound of abdominal and reproductive organs and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	50
5.5.17	Facilities are available for cardiac and thoracic diagnostic ultrasound (without Doppler) and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	10
5.5.18	Facilities are available for cardiac and thoracic ultrasound with Doppler (echocardiography) and there is a			Case notes and good quality	30

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	protocol for and evidence showing that it is used in practice.			diagnostic images.	
5.5.19	Facilities are available for slit lamp ophthalmic studies and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	10
5.5.20	Facilities are available for performing tonometry (glaucoma) and there is a protocol for and evidence showing that it is used in practice.			Case notes with tonometry results.	20
5.5.21	Documented audit of image quality either in-house or external.	Commitment to quality assurance and improvement.	Assessment of image quality and diagnostic value, performed for most commonly used modality in practice.	Results of image quality audit.	20
5.5.22	Video endoscopes are available and used by the practice.				20
5.5.23	The practice has access to advanced imaging facilities, such as MRI or CT scan, at the premises on a temporary basis.				20
5.5.24	The practice has access to advanced imaging facilities, such as MRI or CT		These points will be gained in addition to 5.5.23.		20

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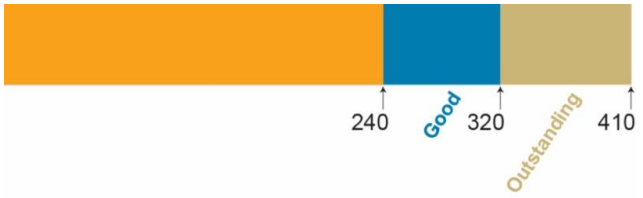
	scan, at the premises on a permanent basis.				
5.5.25	The practice has the ability to record ultrasound images.				10
5.5.26	The practice has the ability to record endoscopy.				10
			TOTAL POINTS AVAILABLE:		490~~410~~
			OUTSTANDING:		390~~320~~
			GOOD:		290~~240~~



Module 6: Emergency and Critical Care (ECC)

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

Emergency Service Clinic (ESC)

Point	Requirements	Guidance notes	Documents
6.4.1	A fulltime veterinary surgeon must be employed at each premises who shall have overall responsibility for all emergency and critical care and professional matters within the clinic.		
6.4.2	All clinical team members must be provided with guidance notes on emergency practice policies before commencement of work. There must be formal evidence of induction of team members at the outset of their employment.	Assessors will ask to see team members' induction records.	Guidance notes on emergency procedures. Induction records.
6.4.3	A protocol must be in place for the referral of appropriate cases e.g. spinal injuries, head injuries and multiple system trauma.		Referral protocol. 
6.4.4	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.	Written agreement with client practices. 
6.4.5	There must be an animal ambulance service or agreement with a local animal transport company for the transportation of animals.		Agreement with animal transport company.

6.4.6	A fulltime RVN must be employed at each premises, whose primary role is the responsibility for the nursing and clinical care of the clinic's patients and who shall be directly involved in such care.		
6.4.7	At least one on-duty veterinary surgeon, directly responsible for the care of in-patients and any new admissions or out-of-hours appointments is on the clinic's premises at all times during all of the hours of operation of the clinic.	This does not preclude a veterinary surgeon attending off-site in the rare circumstances that this may be necessary.	Evidence will be provided through team rotas.
6.4.8	In addition to the veterinary surgeon, at least one other on-duty member of team whose role is the active involvement in nursing and medical care of patients must be on the premises during all the hours of operation of the clinic.		Evidence will be provided through team rotas.
6.4.9	Any on-duty team members on a 'rest break' must at all times be readily available for active duty during the hours of operation of the clinic.		Evidence will be provided through team rotas.
6.4.10	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.
6.4.11	The practice has a system in place for monitoring and discussing the clinical outcomes of ECC cases and acting upon the results.		

6.4.12	Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.	This lighting must continue to function in the event of a loss of power. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Surgical/medical quality head torches are acceptable as a source of light during interrupted power though they need to be immediately available, charged and an SOP for their use available.	
6.4.13	Suitable facilities for neonatal care are provided.	Should include heat, oxygen provision, glucose provision and airway suction.	
6.4.14	The practice must provide separate accommodation for the isolation of infectious and zoonotic cases or have a written policy for dealing with such cases that is known to all team members.	The premises has the ability to isolate an infectious animal from all other patients. Isolation facilities must have: ~~1.~~ Hand washing facilities ~~2.~~ Separate air space ~~3.~~ Active v~~V~~entilation that ~~produces a negative air pressure in the facility to~~ reduces the risk of cross infection ~~4.~~ Separate closed drains to avoid cross infection Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.	Isolation policy.
6.4.15	There must be an ability to provide close control of fluid replacement.	This could be by an infusion pump or syringe driver suitable for infusion of high volumes rapidly and low volumes slowly.	
6.4.16	Facilities are available for the intensive care of critically ill patients.	These must include intravenous fluid therapy, blood transfusion, oxygen therapy and maintenance of body temperature.	

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6.4.17	The ability to monitor multiple parameters with a suitable amount of monitoring equipment as required for the workload of the premises.	The parameters ~~normally~~ expected to be monitored include pulse oximetry, capnography, continuous ECG, body temperature and blood pressure.	
6.4.18	A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times.		
6.4.19	The following equipment must be available on site together with evidence of training or CPD for the team in its use and maintenance: ~~1.~~ X-ray ~~2.~~ ECG ~~3.~~ Ultrasound machine ~~4.~~ Endoscopes	There must be a suitable quantity and range of endoscopes for the range of species routinely treated and procedures routinely carried out.	
6.4.20	The premises must have a biochemistry analyser onsite.	Available during the normal opening hours of the clinic.	
6.4.21	The premises must have an electrolyte analyser onsite.	Available during the normal opening hours of the clinic.	
6.4.22	The practice must have the following facilities for haematology: ~~5.~~ A measure of red cell mass such as PCV ~~6.~~ A measure of total white cell count ~~7.~~ A serviced microscope with evidence of team member training for examining blood smears and ongoing auditing of progress	Available during the normal opening hours of the clinic.	
6.4.23	The following equipment must be provided on the premises: ~~1.~~ Binocular microscope with mechanical stage, electric light source and oil immersion facility ~~2.~~ Centrifuge suitable for PCV, blood separation and urine sedimentation ~~3.~~ Urinary refractometer		

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6.4.24	The practice must have a protocol for the proper transport of patients where necessary, including oxygen provision.	See Practice Team Module, Core Standards requirement 16.1.37 for guidance on the safe storage and transport of oxygen cylinders.	
6.4.25	The premises must have a blood gas analyser onsite.	Available during the normal opening hours of the clinic.	
6.4.26	The clinic must have a protocol in place for passing on all relevant clinical history to the primary practice at the time of transfer.		

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Module 6: Emergency and Critical Care (ECC)

Award Points

This module contributes towards the Award in Emergency and Critical Care; you will also need to have completed all of the points listed under Emergency Services Clinic.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
6.5.1	Emergency critical care CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of emergency critical care CPD.	10
6.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) in emergency critical care and there is evidence of dissemination to the rest of the team.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20
6.5.3	At least one MRCVS has a post-graduate qualification in emergency	This person will be expected to be involved in drawing up and implementing protocols and team	This includes AP status, ~~or~~ an old style Certificate or a diploma.	Proof of qualification.	30

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	critical care and there is evidence of dissemination to the rest of the team.	training in emergency and critical care.	If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.		
6.5.4	Members of the ECC team demonstrate that at least 30% of the recommended minimum CPD hours per year are specifically relevant to ECC work.		This could include anaesthesia, pain management, surgery and specific ECC CPD.	Proof of emergency critical care, anaesthesia, pain management and surgery CPD for team.	50
6.5.5	In addition to the veterinary surgeon, at least one RVN whose role is the active involvement in nursing and medical care of patients is on the premises during all the hours of operation of the clinic.		Evidence will be provided through team members' rotas.	Rotas.	40
6.5.6	The practice has the ability to measure acid-base.	The practice shows evidence of appropriate use of the measure.			10

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6.5.7	The practice has the ability to measure blood gas venous.	The practice shows evidence of appropriate use of the measure.			10
6.5.8	The practice has the ability to measure blood pressure.	The practice shows evidence of appropriate use of the measure.			10
6.5.9	The practice has the ability to measure lactate.	The practice shows evidence of appropriate use of the measure.			10
6.5.10	The practice has the ability to measure coagulation which must include BMBT (Bucco Mucosal Bleeding time).	The practice shows evidence of appropriate use of the measure.			10
6.5.11	The practice has the ability to measure intraocular pressure.	The practice shows evidence of appropriate use of the measure.			10
6.5.12	The practice has the ability to perform assisted feeding; naso-gastric or naso-oesophageal tubes.	The practice shows evidence of appropriate use of the procedure.			10
6.5.13	The practice has the ability to perform assisted feeding with~~,~~ oesophagostomy tubes~~ and PEG (Percutaneous Endoscopic Gastrostomy) tubes.~~	The practice shows evidence of appropriate use of the procedure.			10
6.5.14	The practice has the ability to perform assisted feeding; total parenteral nutrition.	The practice shows evidence of appropriate use of the procedure.			10

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6.5.15	The practice has the ability to perform blood transfusions ~~cross matching~~.	The practice shows evidence of appropriate use of the procedure.			10
~~6.5.16~~	~~The practice has the ability to perform CSF sampling.~~	~~The practice shows evidence of appropriate use of the procedure.~~			~~10~~
6.5.17	The practice has the ability to perform central venous catheterisation.	The practice shows evidence of appropriate use of the procedure.			10
6.5.18	The practice has the ability to perform arterial blood gas analysis.	The practice shows evidence of appropriate use of the procedure.			10
6.5.19	The practice has the ability to perform CRIs (Constant Rate Infusions).	The practice shows evidence of appropriate use of the procedure.			10
6.5.20	The practice has the ability to perform peritoneal dialysis.	The practice shows evidence of appropriate use of the procedure.			10
6.5.21	The practice has the ability to perform intraosseous access.	The practice shows evidence of appropriate use of the procedure.			10
6.5.22	The practice has the ability to perform IPPV (Intermittent Positive Pressure Ventilation).	The practice shows evidence of appropriate use of the procedure.			10
6.5.23	The practice has the ability to perform electrosurgery.	The practice shows evidence of appropriate use of the procedure.			10

6.5.24	The practice has the ability to perform epidural pain management.	The practice shows evidence of appropriate use of the procedure.			10
6.5.25	The practice has the ability to perform pericardiocentesis.	The practice shows evidence of appropriate use of the procedure.			10
6.5.26	The practice has the ability to perform thoracocentesis.	The practice shows evidence of appropriate use of the procedure.			10
6.5.27	The practice has the ability to perform chest drain placement.	The practice shows evidence of appropriate use of the procedure.			10
6.5.28	The practice has the ability to perform tracheotomy/tracheostomy.	The practice shows evidence of appropriate use of the procedure.			10
6.5.29	The practice has the ability to perform tube cystotomy.	The practice shows evidence of appropriate use of the procedure.			10
6.5.30	The practice has the ability to perform ultrasonography.	The practice shows evidence of appropriate use of the procedure.			30
6.5.31	The practice can supply supplementary oxygen by means of oxygen cage.	The practice shows evidence of appropriate use of the procedure.			10
6.5.32	The practice can supply supplementary oxygen by means of nasal catheter.	The practice shows evidence of appropriate use of the procedure.			10

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~~6.5.33~~	~~The practice can supply supplementary oxygen by means of transtracheal catheter.~~	~~The practice shows evidence of appropriate use of the procedure.~~			~~10~~
6.5.34	The practice can supply supplementary oxygen by means of oxygen hood.	The practice shows evidence of appropriate use of the procedure.			10
6.5.35	The practice has the following drugs in stock ; ~~1.~~ Activated charcoal ~~2.~~ Apomorphine ~~3.~~ European viper venom antiserum ~~4.~~ Fresh frozen plasma ~~5.~~ Methocarbamol ~~6.~~ Acetylcysteine ~~7.~~ Vitamin K1 Intralipid		It is recognised that there may be supply or geographical reasons for some items not being required or temporarily unavailable.		40
6.5.36	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]
~~6.5.37~~	~~The practice has a protocol in place for accessing advice from a service providing veterinary specific advice on the management of poisons.~~			~~Protocol to access poisons advice.~~	~~30~~

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6.5.38	Team members have been trained in CPCR (Cardio Pulmonary Cerebral Resuscitation) on animals.		Training should follow RECOVER guidelines: http://bit.ly/1ROm6gK.	Training records CPCR.	30
6.5.39	Team members have been trained in the use of -Point of Care Ultrasound (POCUS) for trauma scans~~FAST (Focused Assessment with sonography for trauma) and T-FAST (Thoracic focussed Assessment with sonography for trauma) scans~~.			Training records for POCUS ~~FAST scans~~.	30

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6.5.40	Individuals have access to a range of suitable resources, including the internet, in relation to emergency and critical care.		This could include access to journals or databases.		10
6.5.41	ECC procedures are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback, including a 'no blame' culture.	These could be outcome, process or significant event audits. A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's website: www.rcvsknowledge.org/quality-improvement.	Audit report.	20
6.5.42	The practice has the ability to perform assisted feeding with PEG (Percutaneous Endoscopic Gastrostomy) tubes.	The practice shows evidence of appropriate use of the procedure.			10
6.5.43	The practice has the ability to perform cross-matching.	The practice shows evidence of appropriate use of the procedure.			10
6.5.44	All anaesthetics are monitored and maintained by a veterinary surgeon or registered veterinary nurse, (or enrolled student under the continuous and direct supervision of a veterinary surgeon).	Observation and check anaesthetic records.	This means that different people are undertaking the procedure and monitoring anaesthesia. Short term exceptions for sickness etc.	Anaesthetic records.	30

			TOTAL POINTS AVAILABLE:		620~~620~~
			OUTSTANDING:		500~~500~~
			GOOD:		370~~370~~

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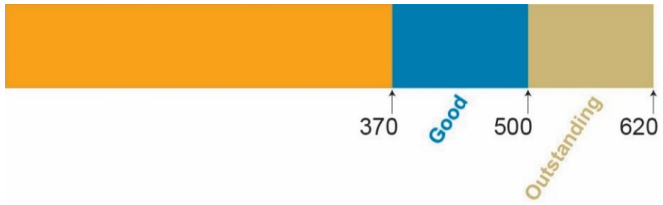

Module 7: Infection Control and Biosecurity

Core Standards

Point	Requirements	Guidance Notes	Documents
7.1.1	The practice must have a biosecurity policy.	The practice biosecurity policy should include requirements for personal hygiene, cleanliness of premises and equipment, cleanliness and disinfection of personal protective equipment and clothing and cleanliness of vehicles. This applies to all species and practices. See Bella Moss Foundation for guidance notes: http://bit.ly/1JVNQk1	Biosecurity policy.
7.1.2	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 system, for the effective sterilisation of instruments and equipment.		

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7.1.3	For all autoclaves, and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.	A Written Scheme of Examination must be titled as such, and must specify how and when the autoclave(s) must be inspected. Practices must also have a Certificate of Inspection under the regulations. It will be titled Certificate of Inspection under the Pressure Systems Safety Regulations (2000). Only pressure vessels over 250 bar litres are covered by the Pressure Systems Safety Regulations (2000). All autoclaves would come into this category and each would require both a written Scheme of Examination and Certificate of Inspection. Dental machines are unlikely to work at such high pressure and so are usually exempt from the provisions. See HSE guidance on pressure systems for further information: http://bit.ly/1KwZekX NB - a service is not necessarily an inspection under the regulations, and a note of the last service is not a Written Scheme of Examination. A Written Scheme of Examination may be obtainable from the manufacturers.	Written Scheme of Examination for autoclave.
7.1.4	Each clinical area and all consulting rooms must have facilities for safe disposal or sharps, hazardous and non-hazardous waste.	Team members should be trained in safe disposal. Needles should not be recapped after use and before disposal but should be placed directly into the sharps container. See BVA Good practice guide to handling veterinary waste for further information: http://bit.ly/1WfH1P6	

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7.1.5	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.	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 a SOP, which details the procedure for isolation and care of infectious cases. Either separate isolation facilities must be provided along with the SOP, or, if such facilities are not available, there must be a detailed SOP for isolation of infectious cases, including barrier nursing requirements. Team members must be trained to implement the SOP, which must include: ~~1.~~ Details of waste disposal ~~2.~~ Protective clothing to be worn ~~3.~~ Disinfection of all utensils/equipment and accommodation ~~4.~~ Designated persons to be responsible ~~5.~~ Reference to COSHH and Health and Safety information pertaining to the risks of dangerous pathogens and zoonoses ~~6.~~ Clear information regarding the demarcation of the isolation area	SOP for isolation.
7.1.6	Procedures must be in place to minimise cross-infection in ~~clinical~~ all areas. Cleaning and disinfection materials must be readily available and used in all areas of the practice.	Risk based disinfection of all ~~clinical~~ areas must be done between patients. This can include floor, equipment and hand touch areas such as doors, door handles and keyboards. Risk based deep cleans should be carried out as required.	Cleaning and disinfection schedules for all ~~clinical~~ areas.
7.1.7	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.	
7.1.8	A hand washing sink should be available in or immediately adjacent to the consulting room.		

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7.1.9	Washing and disinfectant facilities must be provided for team members in the kennels and cattery.	The expectation is that each ward area will have its own sink located in the ward. Where this is impossible, there must be a sink available in the adjacent ward area that can be accessed with zero hand touching points.~~and the nearest sink is located in an adjacent room, then consideration must be given as to whether the room in which the sink is located is in a 'clean' or a 'dirty' environment. As 'dirty' procedures are done in the ward area, it would generally be unsuitable for the sink or access to it to be via a clean environment.~~ ~~Additionally, consideration must be given to the touching of the door handles; it would not be acceptable for team members to use their hands to open a door to access a sink in the adjacent room.~~ Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.	
7.1.10	Appropriate PPE must be readily available and used.	Dedicated clean clothing should be used in clinical areas and changed regularly. Gloves and aprons must be readily available and used where appropriate. Sterile gloves and gowns for surgical cases must be available and used where appropriate.	
7.1.11	Vehicles used by the practice must be clean and well maintained. There must be clear segregation of clean and contaminated items, protective clothing, and safe storage and transport of waste materials including sharps.	There should be an SOP for the cleaning of vehicles. A log book should be used to record when cleaning has been carried out. 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.	

7.1.12	Cleaning and disinfection materials must be readily available and used.	Risk based disinfection of consulting and all related surfaces must be done between patients. This should include floor, equipment and keyboards.	
7.1.13	Procedures must be in place to minimise cross-infection between patients for all equipment used.	All equipment should be cleaned before and after use, especially otoscopes if they are shared between consult rooms and / or clinicians.	SOP for cleaning and disinfection of equipment.
7.1.14	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.

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Module 7: Infection Control and Biosecurity

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
7.2.1	Written cleaning protocols for all vehicles and ~~clinical~~ all areas of the practice are required and must be regularly audited and recorded.	The frequency of cleaning will vary according to the ~~clinical~~ area and caseload. There should be different sets of cleaning materials and colour coded mops for each area.	Cleaning protocols.
7.2.2	Clean and appropriate clothing is worn for the clinical task being undertaken.		

Module 7: Infection Control and Biosecurity

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
7.3.1	The practice must provide separate accommodation for the isolation of infectious and zoonotic cases or animals receiving chemotherapy, and have a written policy for dealing with such cases that is known to all team members.	A hospital must have the ability to isolate an infectious animal from all other patients. Contact between infectious animals and animals receiving chemotherapy must also be avoided. Isolation facilities must have: ~~1.~~ Hand washing facilities ~~2.~~ Separate air space ~~3.~~ Active ~~V~~ventilation that ~~produces a negative air pressure in the facility to~~ reduces the risk of cross infection ~~4.~~ Separate closed drains to avoid cross infection Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.	
7.3.2	Vacuum autoclaves are compulsory for wrapped packs/drapes.		
7.3.3	There must be a hand basin within each consulting area available for use by team members and clients.		

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7.3.4	Environmental swabbing of all clinical areas is carried out at least twice per year.		
7.3.5	There must be a written protocol for risk based deep cleaning of all clinical areas.		

Module 7: Infection Control and Biosecurity

Award Points

This module contributes towards the Awards in Team and Professional Responsibility, In-Patient Service and Patient Consultation Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance Notes	Documents	Points
7.5.1	Infection control CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of infection control CPD.	10
7.5.2	The practice has a designated individual responsible for infection control who monitors compliance with infection control policies.	The practice has adequate internal quality controls.	Ideally this would be a veterinary surgeon or RVN.	Name of designated person and list of their responsibilities.	30

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7.5.3	The surfaces and furnishings of the waiting room are impervious and easily disinfected.				10
7.5.4	Hand washing or sanitising facilities are available to clients in the waiting and consulting rooms.		There should be appropriate notices / signage requesting that clients use these facilities.		10
7.5.5	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that cleaning and disinfection of hand touch areas, including computer keyboards, mice, light switches, door handles, etc. is taking place.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols.	10
7.5.6	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that laundry of clothing and drapes is taking place.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols.	10
7.5.7	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that management of bedding is taking place.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols.	10

7.5.8	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that management of utensils e.g. litter trays, feed bowls and water bowls/bottles, is taking place.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols.	10
7.5.9	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that the use of disinfectants is taking place.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols.	10
7.5.10	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that these are in use during preparation for surgery.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols.	10
~~7.5.11~~	~~Clean and appropriate clothing is worn for the clinical task being undertaken.~~				~~20~~
7.5.12	Every ward area has its own dedicated sink with hot and cold running water.				20

7.5.13	The practice has a dedicated isolation facility.		Isolation facilities must have: ~~1.~~ Hand washing facilities Separate air space - - Active ventilation that reduces the risk of cross infection - Separate closed drains to avoid cross infection ~~2.~~ Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.~~Ventilation that produces a negative air pressure in the facility to reduce the risk of cross infection~~ ~~3. Separate drains to avoid cross infection~~		30
7.5.14	The practice has protocols in place for the identification and management of cases of infection involving multi-resistant bacteria.	Proactively anticipates and addresses risks.		Protocols for multi-resistant bacteria.	30

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7.5.15	The practice has procedures in place to educate the team and clients about responsible use of antimicrobials, antimicrobial resistance and zoonoses, and the implications for animal and human health.		The Bella Moss Foundation: http://bit.ly/1JVNQk1 BSAVA protect poster: http://bit.ly/2fiD0dn BVA antimicrobials advice: http://bit.ly/1INIe6Z Assessors will talk to team members to ascertain their awareness and understanding.		20
7.5.16	All areas of the practice including clinical, non-clinical, residential and storage areas are maintained and cleaned to the same high standard.	Ensures the presentation of the practice is of a uniformly high standard.			30
7.5.17	Infection control measures in the practice are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	This could be outcome, process or significant event audits. The Bella Moss Foundation self-audit tool may be useful: http://bit.ly/1L8n6vd	Audit report.	20

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7.5.18	The practice has a policy in place to ensure that work wear is not worn outside of the practice and clinical areas.			Work wear policy.	10
7.5.19	The practice participates in a surveillance scheme for infectious diseases.		For example, SAVSNET or VetCompass		20
7.5.20	The practice has a protocol in place for hand hygiene, which includes the use of World Health Organization (WHO) posters and signage at hand washing points.		Tools and resources can be downloaded from the WHO website: https://www.who.int/gpsc/5may/tools/en/		20
			TOTAL POINTS AVAILABLE:		320~~290~~
			OUTSTANDING:		260~~230~~
			GOOD:		190~~180~~

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Module 8: In-patients

Core Standards

Point	Requirements	Guidance notes	Documents
8.1.1	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. 
8.1.2	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 the morning.	Information for owners on level of overnight care. 
8.1.3	Any in-patient facilities must be of a suitable size, securable, sturdy, escape-proof, without potentially injurious faults and easily cleanable.	The practice must have at least one kennel suitable for a large breed of dog or have a plan in place for this facility if the need arises. An SOP should be in place stating that very large breeds are referred to another branch if the practice has no kennel large enough to accommodate them comfortably (i.e. so that they can lie down, stand up and turnaround).	
8.1.4	The practice must provide facilities and an adequate nursing team for the care of any in-patients.	~~The practice must demonstrate that provisions are made to ensure animal welfare where there are animals on site but no team members present.~~	
8.1.5	A suitable range of bedding, feed stuffs and clean fresh water must be available.	This should include bedding for recumbent animals. Arrangement for the disposal of soiled bedding must be in place.	

8.1.6	Feeding equipment must be disposable or regularly disinfected.		
8.1.7	Dirt trays, absorbent litter and adequate cage space are required for feline in-patients.		
8.1.8	Sanitary facilities for ambulatory canine in-patients must be provided.	These may be outside and precautions must be taken to prevent the escape of patients.	
8.1.9	There must be suitable provision for the storage and preparation of food.		
8.1.10	Where patients are transported in practice vehicles while under the care of the veterinary surgeon, the practice has a patient transfer protocol.	The protocol should include safe handling of patients to and from vehicles (e.g. the use of double restraint leads / harnesses for dogs, cages etc), with particular consideration given to minimising the risk of escape.	

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Module 8: In-patients

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
8.2.1	All hospitalised animals (other than short/routine surgical procedures admitted as day cases) must have in-patient sheets recording basic husbandry parameters, with timed and initialled entries, including; ~~1.~~ Temperature ~~2.~~ Pulse ~~3.~~ Respiration ~~4.~~ Treatments ~~5.~~ Food and water intake ~~6.~~ Urine and faeces output ~~7.~~ Clinical signs		In-patient sheets.
8.2.2	There must be a positive means of identifying the patient while on the premises.	This may involve tagging the patient and/or well-identified accommodation.	
8.2.3	Equipment that will be in contact with the patients must be chosen to minimise the risk of cross-contamination or exacerbation of any clinical condition.		
8.2.4	Facilities to maintain body temperature must be available and can be demonstrated to be used safely.		

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8.2.5	Facilities to provide supplementary oxygen must be available in the in-patient area.		
8.2.6	Intravenous fluids and an appropriate means of administration must be available.		
8.2.7	A range of diets must be available to meet the needs of in-patients and stored appropriately.		
8.2.8	There must be the ability for hospitalisation of the full range of species routinely admitted.		
8.2.9	There must be a range of suitable accommodation of a suitable size for the number and species routinely treated.	Assessors will ask to see the daily surgery log and appointment list to correlate with in-patient facilities available. There must be kennel space available for the anticipated caseload. Collapsible kennels are acceptable for emergency day hospitalisation. The environment should be as calm and quiet as possible. Noise producing equipment should be located as far from animals as possible and the frequency of its use should be taken into account. An SOP should be in place stating that very large breeds are referred to another branch if the practice has no kennel large enough to accommodate them comfortably (i.e. so that they can lie down, stand up and turnaround).	

8.2.10	There must be adequate heating, lighting and ventilation of the in-patient area.		
8.2.11	Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay.		

Module 8: In-patients

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
8.3.1	There must be a minimum of 6 kennels or cages for the hospitalisation of patients'. ~~1.~~ Towels, blankets or acrylic bedding materials must be provided ~~2.~~ The kennels or cages, and their fittings, must be made of non-permeable materials so as to be easily cleaned and disinfected ~~3.~~ Where dogs are treated there must be at least one large kennel suitable for a giant breed of dog together with a good range of smaller kennels and cages ~~4.~~ At least one cage must be of the walk in type ~~5. There must be no overcrowding~~ ~~6.~~ Newspaper alone is not considered a suitable material for overnight stay patients		
8.3.2	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 ~~residential accommodation or other~~ arrangements so that a veterinary surgeon, veterinary nurse or an adequately trained ~~lay~~ team member is present on the premises 24 hours a day, every day of the year.	

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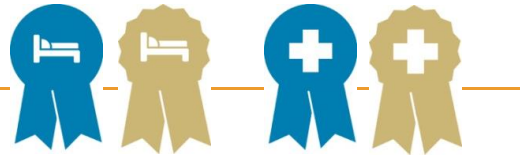
8.3.3	The practice must have the ability to provide 24-hour in-patient care including intensive care.	This is expected at all times. If the case exceeds the ability of the current team members to provide care provisions should be made to refer cases. Team rotas will provide evidence.	
8.3.4	There must be the ability to cater for the full range of species routinely treated and species segregation where appropriate. In particular, consideration must be given to separation of prey and predator species.		
8.3.5	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.	
8.3.6	There must be a minimum of daily examination of all in-patients by a veterinary surgeon, which should be recorded on the patient records.		
8.3.7	Facilities for neonatal care must be provided.	Should include heat, oxygen provision, glucose provision and airway suction.	
8.3.8	There must be access to appropriate imaging at all times.		
8.3.9	There must be access to laboratory facilities at all times.	Biochemistry/haematology.	

8.3.10	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 cross matching and ethical sourcing of blood, blood typing and storage of blood and blood products.	
8.3.11	The practice must have the facility to provide close control of fluid replacement by an infusion pump or syringe driver suitable for infusion of high volumes rapidly or low volumes slowly.		
8.3.12	There must be enhanced facilities for maintaining body temperature.	E.g. Bair hugger/incubator.	
8.3.13	There must be enhanced facilities for providing oxygen.	E.g. oxygen tent (including a humidifier).	
8.3.14	There is a protocol / checklist in place to ensure that all relevant information is communicated at handover.		

Module 8: In-patients



Award Points

This module contributes towards the Award in In-patient Service and Emergency and Critical Care Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
8.5.1	A veterinary surgeon examines all in-patients at least twice daily and updates records accordingly.	Consistent care is provided to patients.	Patient records.		20
8.5.2	The veterinary surgeons and veterinary nurses in charge of a case undertake suitable handover.	Sharing of essential information between parties involved in patient care.	Personnel in charge of an animal should be recorded on the patient record.		20
8.5.3	All patients have a structured admission and discharge procedure with a member of the team appropriately trained to discuss the case with the client.		In most cases this should be supported with written discharge instructions.	Admission and discharge protocol.	10
8.5.4	There are procedures in place to update clients on the progress of their animal and to ensure that informed consent is maintained.		This should include updating on costs.		20
8.5.5	There are facilities to separate cats and dogs, predator and prey species and/or nervous animals.		This could be achieved by the sub-division of wards.		10

8.5.6	There are facilities for bathing and grooming appropriate to species treated.		This should include either a tub table or a separate facility.		10
8.5.7	Nutritional assessments are carried out for all in-patients, and feeding plans implemented and recorded and regularly re-assessed.		This could be incorporated into the nursing care plan e.g. BSAVA toolkit: http://bit.ly/1Ep5YMN		20
8.5.8	Provision is made for clients to visit in-patients as appropriate to the condition of the animal.		This may need to be restricted to allow for practice working and should take into account the safety of the client and the animal and minimise the risk of disease transmission.		10
8.5.9	The practice has appropriate equipment to accurately deliver fluids at the appropriate rate for the species treated.		This may include infusion pumps and/or syringe drivers appropriate to the caseload.		10
8.5.10	The practice can demonstrate a plan for delivery of intravenous fluids which is reviewed at regular intervals.		This will include type of fluid, rate of delivery and total volume of delivery.		10
8.5.11	There is a protocol in place defining intravenous catheter maintenance.		This should include instructions on aseptic placement, daily maintenance and replacement schedule. See Bella Moss Foundation for guidance notes: http://bit.ly/1MTBafQ	Catheter maintenance protocol.	20
8.5.12	The practice has the ability to undertake blood transfusions.		The team members should demonstrate they are trained to prepare, carry out and monitor patients undergoing transfusions. Consideration should be given to cross matching and ethical sourcing of blood, blood typing and storage of blood and blood products.	Protocol and training records for blood transfusion.	10

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8.5.13	At least one cage is of the walk-in type or feline equivalent in cat only practices.		Guidance can be found for cat only practices at: http://bit.ly/2HQLxUW		20
8.5.14	A protocol is in place to ensure that resources are available (e.g. weekend and overnight team members) to complete the patient's treatment, however long.		This might entail referring/transferring the patient to another practice prior to treatment.	Protocol.	30
8.5.15	Transfers between practices should be based on clinical need not convenience of either practice and should be kept to a minimum and organised by the practice.		This might entail referring the patient to another practice prior to treatment. The practise of transferring patients to and from OOH as routine is to be discouraged. If animals are transferred an estimate of cost is provided and the owner's consent is sought. See Supporting Guidance in the *Code of Professional Conduct*. Practices undertaking their own OOH are eligible to receive these points.		50

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8.5.16	The practice undertakes OOH onsite or it has its own ambulance to move patients to and from its OOH site or external provider.		This should be a designated vehicle with suitable cages for the safe transport of the animals routinely treated. This requirement could be met through the use of an external pet transport operator, with an animal ambulance, contracted to the practice. If a sick patient is transported, it should be assessed by a veterinary surgeon and provision made that necessary support can be maintained during the journey e.g. oxygen or fluid therapy.	Copy of agreement with animal ambulance. 	10
8.5.17	~~When animals are~~On every occasion that an animal is hospitalised overnight there is a clear protocol for regular appropriate checks, evidence that these are carried out and that there is a ~~member of the team~~person responsible for the care of in-patients on the premises at all times who may be required to remain awake as clinical need dictates.		Assessors will ask to review patient records. Team members may take rest periods as long as they remain on the premises.	Protocol for overnight checks.	40

8.5.18	On every occasion that an animal is hospitalised overnight, the person~~The member of the team~~ on the premises and responsible for the overnight care of the animals is a veterinary surgeon or RVN.		~~An SVN employed by the practice who is enrolled with the RCVS, is actively undergoing training and has successfully completed their first academic year is also acceptable.~~ ~~By 2020, only a veterinary surgeon or RVN will be acceptable.~~ Team members may take rest periods as long as they remain on the premises.	Rotas.	40
8.5.19	On every occasion that an animal is hospitalised overnight~~When animals are kept overnight~~ there is a dedicated veterinary surgeon or RVN responsible for the care of the animals on the premises and awake at all times when there is a patient under their care.		~~An SVN employed by the practice who is enrolled with the RCVS, is actively undergoing training and has successfully completed their first academic year is also acceptable.~~ ~~By 2020, only a veterinary surgeon or RVN will be acceptable.~~ Team members may take rest periods as long as they remain on the premises.	Rotas.	60
8.5.20	The practice must have the facility to provide close control of fluid replacement by an infusion pump or syringe driver suitable for infusion of high volumes rapidly or low volumes slowly.				10

8.5.21	On every occasion that an animal is hospitalised overnight there is remote monitoring which is regularly checked and documented as clinical needs dictate, with the provision to attend when necessary.				10
8.5.22	The practice is recognized as a Cat Friendly Clinic.		For further information see the Cat Friendly Clinic website: www.catfriendlyclinic.org		10
8.5.23	The practice is recognized on the Rabbit Friendly Vet List.		For further information see the Rabbit Friendly website: https://rabbitwelfare.co.uk/rabbit-care-advice/rabbit-friendly-vets/rabbit-friendly-vet-list/		10
8.5.24	The practice is certified as Fear Free.		For further information see the Fear Free website: https://fearfreepets.com/		10
			TOTAL POINTS AVAILABLE:		470~~420~~
			OUTSTANDING:		380~~340~~
			GOOD:		280~~250~~

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Module 9: Laboratory and Clinical Pathology

Core Standards

If the practice does not have an in-house laboratory only requirements 1-14 apply.

Point	Requirements	Guidance notes	Documents
9.1.1	Where pathological samples are sent to external organisations, a suitable range of containers, envelopes and forms must be available.	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. For further information please refer to: http://bit.ly/2rXiaHs	
9.1.2	The practice identifies specimens with: ~~1.~~ Patient ID ~~2.~~ Date of collection ~~3.~~ Tests required - Method of collection if applicable - Location of sample ~~4.~~ Nature of sample		
9.1.3	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.

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9.1.4	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.	
9.1.5	PPE is available and used.		
9.1.6	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.	
9.1.7	The practice has reference materials applicable to the tests carried out.		
9.1.8	Adequate post-mortem facilities must be available or other arrangements made. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcases ~~or diagnostic quality examination to be performed~~. There must be an SOP for external post-mortem examinations so that all staff know where to send specimens.	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. When conducting post-mortem examinations full consideration must be given to the health and safety issues associated with primates, birds and reptiles.	Risk assessment for post–mortems.

9.1.9	When making arrangements for a post-mortem examination the practice must ensure that clients are made aware of the level of procedure being undertaken.	The practice must ensure that clients are aware whether or not an autopsy 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.	
9.1.10	The practice has a system in place to ensure suspected notifiable diseases are reported to the appropriate authority.		Protocol for reporting of notifiable diseases.
9.1.11	Where potential zoonotic agent is suspected protocols for control of spread are followed.	Adequate risk assessment and protocols need to be undertaken and consideration must be given to the use of active filtered air extraction and the provision of suitable additional adequate protective clothing, and the use of glove boxes or similar, to guard against zoonoses. Team members, clients and statutory authorities are informed.	Risk assessment for zoonoses.
9.1.12	The practice has designated resources e.g. books, manuals etc. that identify external laboratory tests available to the practice team.		
9.1.13	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.	
9.1.14	The practice has a log or ~~similar tracking mechanism~~system for tracking for samples sent to outside laboratories to ensure results are	The log should include: ~~1.~~ Patient ID ~~1.~~ Date of sample collection	Log.

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	received and reviewed by a veterinary surgeon, conveyed to the client and archived.	~~2.~~ ID of outside laboratory ~~3.~~ Tests ordered ~~4.~~ ID of practice team member requesting test ~~5.~~ Date results received ~~6.~~ Date of client notification ~~7.~~ ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival of results can be flagged and followed up as appropriate.	
9.1.15	Only trained personnel perform laboratory tests.	Evidence must be provided of training or CPD for team members in use of all equipment. A list of persons trained in handling laboratory specimens and in the risk of laboratory work must be kept. The practice must have a system in place to know where to send the samples for suitable testing.	List of persons trained in lab work.  Training records.
9.1.16	The laboratory has: ~~1.~~ Adequate space for performance of tests ~~2.~~ Adequate space for storage of reagents ~~3.~~ Surfaces which permit efficient handling of specimens ~~4.~~ Adequate space for equipment ~~5.~~ Countertops and sinks of suitable construction ~~6.~~ Adequate heating and lighting ~~7.~~ Adequate electrical circuits and outlets ~~8.~~ Adequate facilities for hand washing	The designated area does not have to be a separate room and may, for example, be part of the dispensary or the preparation area. However, the designated area/bench must be clearly used only for laboratory purposes and must be made of impervious material. There must be a sink in the laboratory area or a sink accessible to team members without touching door handles. There must be an SOP in place for accessing hand washing facilities in an adjacent room if none is available in the laboratory.	

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9.1.17	The in-house laboratory has a log or ~~similar tracking mechanism~~system for tracking to ensure results are received and reviewed by a veterinary surgeon and conveyed to the client.	The log should include: ~~1.~~ Patient ID ~~2.~~ Date of sample collection ~~3.~~ Time of sample collection ~~4.~~ Tests ordered ~~5.~~ ID of practice team member requesting test ~~6.~~ Date results received ~~7.~~ Date of client notification ~~8.~~ ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival or results can be flagged and followed up as appropriate.	Log.
9.1.18	Equipment is used and maintained according to manufacturer's instructions and this is recorded.		Equipment maintenance records.
9.1.19	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.	
9.1.20	Reagents are stored according to manufacturers' instructions.		
9.1.21	The practice disposes of test kits and reagents upon expiration in the correct manner.		
9.1.22	Reference range values are available for each species commonly dealt with by the practice.		Reference ranges.

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Module 9: Laboratory and Clinical Pathology

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
9.2.1	The practice has an in-house laboratory.		
9.2.2	Instrumentation for tests performed on the premises include: ~~1.~~ Method of measuring PCV ~~2.~~ Binocular microscope (with a range of objective lenses and light source) ~~3.~~ Centrifuge ~~4.~~ Refractometer ~~5.~~ Glucometer or chemistry analyser capable of measuring blood glucose ~~6.~~ Cytology stains, including gram - Method to measure TP ~~7.~~ Urine dip stick	Evidence will be required that some of the following tests are being performed in-house: ~~1.~~ Cytology (e.g. urine, skin scrape, ear, vagina, semen, FNA) ~~2.~~ Worm egg counts ~~3.~~ Urine specific gravity ~~4.~~ Serum specific gravity (TP) ~~5.~~ PCV ~~6.~~ Blood glucose ~~7.~~ Urine dip stick tests ~~8.~~ FeLV/FIV/T4/pancreatitis tests	
9.2.3	In addition to internal quality control of automated laboratory tests, external quality assurance, by internal analysis of external samples via a QA scheme or by comparing internal samples to external labs, must be routinely undertaken and the results documented and acted on where necessary.	EQA is the analysis of samples by reference to an external laboratory performed either by internal analysis of control reagent received from the laboratory through a QA scheme or by comparing samples run internally with the same paired sample run externally. This should also be undertaken for tests carried out using Point of Care (POC) devices. The frequency of testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.	Results of external EQA scheme or results of comparison of paired samples.

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Module 9: Laboratory and Clinical Pathology

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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

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	If bacteriology is not undertaken on site, there should be evidence that samples are being regularly sent to an appropriate external laboratory.		
9.3.7	Facilities must be available for bone marrow aspiration.		
9.3.8	In addition to internal quality control of automated laboratory tests, external quality assurance, by internal analysis of external samples via a QA scheme, must be routinely undertaken and the results documented and acted on where necessary.	EQA is the analysis of samples by reference to an external laboratory performed by internal analysis of control reagent received from the laboratory through a QA. This should also be undertaken for tests carried out using Point of Care (POC) devices. The frequency of testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.	Results of external EQA scheme.

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Module 9: Laboratory and Clinical Pathology

Award Points

This module contributes towards the Award in Diagnostic Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
9.5.1	Veterinary clinical pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of pathology CPD.	10
9.5.2	Histopathology and cytology is performed by pathologists with relevant veterinary qualifications.		Pathologist with expertise in tissues/species being examined.	Proof of qualification.	10
9.5.3	There is a nominated person in overall charge of the laboratory facilities and they must have completed relevant training.			Name of designated person and list of their responsibilities.	30

				Evidence of relevant training.	
9.5.4	Practice team members' training in laboratory procedures is updated annually and documented.		This could be in-house training. Evidence provided through training records.	Training records.	20
9.5.5	The practice is a member of a recognised laboratory EQA scheme.			Proof of membership of scheme.	20
9.5.6	A biochemistry analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	30
9.5.7	An electrolyte analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	30
9.5.8	A haematology analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	20
9.5.9	The practice must demonstrate that they look at blood smears and use them to inform clinical decisions.		This will include animals that have abnormal clinical presentation or abnormal analyzer results.	Protocol for examining smears.	30

9.5.10	A blood gas analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	20
9.5.11	The practice performs microscopy on relevant clinical samples e.g. ears and urine sediment.		Assessors may ask to see laboratory or patient records.		10
9.5.12	The practice performs fine needle aspiration biopsies and/or impression smears.		Consideration should be given to referral to a pathologist as appropriate.		10
9.5.13	The practice monitors culture and sensitivity/MIC results to follow local patterns in bacterial resistance and informs treatment regimes.	Treatment procedures are informed by results.	Assessors will look for evidence of changes to treatment regimes following a review of test data. Cf. Infection Control Module.		10
9.5.14	In the case of the unexpected death of a patient an independent post-mortem is offered.	An honest and open approach.	An independent post-mortem would be performed by a person not normally employed with the practice. In cases potentially involving litigation a thorough post-mortem is required and will be sent to a recognised pathologist.		20
9.5.15	The practice carries out a regular laboratory sample technique audit. There is evidence that any unexpected or erroneous results have been re-tested.		This should include records artefacts e.g. lipaemia and haemolysis in order to identify potentially rectifiable problems.	Audit report.	10

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9.5.16	The practice has an in-house laboratory that is in a designated room, which is not used for any other purpose.				30
9.5.17	The practice performs cytology of effusions and synovial fluids where appropriate.				10
9.5.18	The practice has proof of validation for all automated laboratory equipment.		This would involve checking: - if there is any published (or unpublished if not) evidence that shows that the make of machine used by the practice provides accurate, reproducible results - whether there are circumstances where the make of machine might not produce accurate, reproducible results - how the make of machine compares to other machines - whether the practices own machine gives accurate, reproducible results Further guidance is available from BSAVA [insert link once available].		10

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Annex A – Small Animal edits (with tracked changes)

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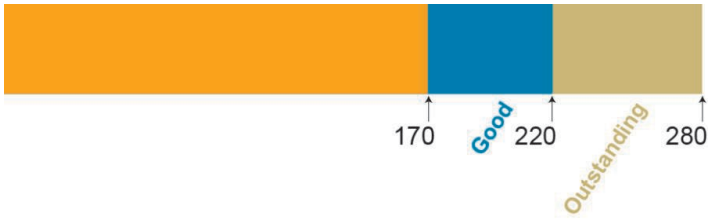
			OUTSTANDING: ~~220~~260
			GOOD: ~~170~~200



Module 10: Medicines

Core Standards

Point	Requirements	Guidance notes	Documents
10.1.1	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.	
10.1.2	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. 
10.1.3	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.	
10.1.4	Medicines must not be available for self-service except those with a category of AVM-GSL.	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.	

	POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public.		
10.1.5	Accurate records of POM-V and POM-VPS medicines received and supplied must be kept.	See VMD guidance, Record keeping requirements for veterinary medicines: http://bit.ly/1PYL513. Records for POM-V or POM-VPS medicines must include: - The date - The name of the veterinary medicinal product - 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) - The quantity - The name and address of the supplier or recipient - If there is a written prescription, the name and address of the person who wrote the prescription and a copy of the prescription Records must be kept for 5 years. ~~Records of products administered to food-producing animals by a veterinary surgeon:~~ ~~A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter:~~ ~~1. Name of the veterinary surgeon~~ ~~2. Name of the product and the batch number~~	Medicines records.

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		~~3. Date of administration of the product~~ ~~4. Amount of product administered~~ ~~5. Identification of the animals treated~~ ~~6. Withdrawal period~~ ~~Records of products administered to food-producing animals under the Cascade:~~ ~~A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record:~~ ~~1. Date of examination of the animal(s)~~ ~~2. Name and address of the owner of the animal(s)~~ ~~3. Identification and number of animals treated~~ ~~4. Result of the veterinary surgeon's clinical assessment~~ ~~5. Trade name of the product if there is one~~ ~~6. Manufacturer's batch number shown on the product, if there is one~~ ~~7. Name and quantity of the active substances~~ ~~8. Doses administered or supplied~~ ~~9. Duration of treatment~~ ~~10. Withdrawal period~~ ~~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.~~	
10.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).	There must be proper monitoring and recording of maximum and minimum temperatures ~~in the refrigerator and dispensary~~wherever medicines are stored, and where temperatures have been recorded outside ~~with~~ the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected medicines. Consideration should be given to the use of alarms to indicate when temperatures stray out of set parameters.	

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		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. ~~If maximum and minimum temperature recordings are being taken wherever medicines are stored it is not necessary to take additional recordings of ambient temperatures.~~ Ideally temperature sensitive medicines should only be taken out i~~o~~n 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.	
10.1.7	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.	
10.1.8	Records of medicines administered to food-producing animals must include batch numbers.	~~In the case of a product for a non-food-producing animal, this need only be recorded either on the date of receipt of the batch or the date a veterinary medicinal product from the batch is first supplied.~~ Records of products administered to food-producing animals by a veterinary surgeon: A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter: - Name of the veterinary surgeon - Name of the product and the batch number - Date of administration of the product	Medicines records.

		- Amount of product administered - Identification of the animals treated - Withdrawal period Records of products administered to food-producing animals under the Cascade: A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record: - Date of examination of the animal(s) - Name and address of the owner of the animal(s) - Identification and number of animals treated - Result of the veterinary surgeon's clinical assessment - Trade name of the product if there is one - Manufacturer's batch number shown on the product, if there is one - Name and quantity of the active substances - Doses administered or supplied - Duration of treatment - Withdrawal period When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual animal's number.	
10.1.9	An adequate supply of medicines and materials used in the treatment of patients must be readily available. There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation.	Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.	

10.1.10	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.
10.1.11	Medicines should be disposed of in accordance with the current legislation.	Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include: ~~1.~~ An inspector appointed under regulation 33 of the Veterinary Medicines Regulations ~~2.~~ 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 ~~3.~~ 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: http://bit.ly/1DNgZNd A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity. A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not	

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		need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so. Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV.UK guidance: http://bit.ly/2CnxRhV	
10.1.12	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.	Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbabitone. Drugs must be kept under safe custody (locked secure cabinet), except quinalbarbitone. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this Act can lead to prosecution. Schedule 3: Includes tramadol, buprenorphine, pentazocine, 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.	

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		Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol. Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: http://bit.ly/1KYuc7h	
10.1.13	If Controlled Drugs are kept, these must be recorded according to current legislation.	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). Schedule 2: Record all purchases and each individual supply (within 24 hours). Registers must be kept for two calendar years after the last entry. Schedule 3, 4 and 5: No requirement for recording in Register but invoices must be retained for 5 years. 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: ~~1.~~ That appropriate records are kept ~~2.~~ That any out-of-date Controlled Drugs have been destroyed by an authorised person	Controlled Drugs register.

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		For supplies of Controlled Drugs of Schedules 2 and 3, against other veterinary surgeon's prescriptions: ~~1.~~ The prescriptions have been retained at least two years ~~2.~~ The date on which the supply was made is marked on the retained prescriptions ~~3.~~ 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) ~~4.~~ The name of the person who collected the Controlled Drugs is recorded in the Controlled Drugs Register (for Controlled Drugs of Schedule 2 only) An example of a Controlled Drugs Register which details the information that needs to be recorded can be found at: http://bit.ly/1HITobl	
10.1.14	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.	It is expected that running totals will be kept and checks against stock carried out at least weekly. It is considered good practice to have a written SOP setting out who is authorised to access the Controlled Drugs cabinet and for what purposes. The SOP may also cover ordering (requisition), receipt, supply and disposal of Controlled Drugs as well as the regular changing of codes if a keypad safe is used. The SOPs should include details of: ~~1.~~ Who has access to Controlled Drugs ~~2.~~ Who is responsible for checking stock against the Register ~~3.~~ Who to alert in the event of a discrepancy	Controlled Drug SOPs.
10.1.15	Medicines must be prescribed and supplied according to current legislation.	A veterinary surgeon who prescribes a POM-V medicine must first carry out a clinical assessment of the animal and the animal must be under his or her	

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		clinical care. See Chapter 4 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1MqalPI A veterinary surgeon who prescribes a POM-V or POM-VPS medicine must be satisfied that the person who will use the product will do so safely, and intends to use it for the purpose for which it is authorised. POM-V and POM-VPS medicines may be prescribed and supplied by a veterinary surgeon. Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon and the supply made by another veterinary surgeon (or a pharmacist) on the authority of that prescription. There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements. Medicated feeding stuffs containing POM-V medicines may only be prescribed by a veterinary surgeon. A veterinary surgeon or SQP may prescribe a feeding stuff containing a POM-VPS medicine. Additional approval as a Distributor is required to supply medicated feeding stuffs. For further information please refer to VMD Guidance Manufacturing and supplying veterinary medicines for animal feed: http://bit.ly/1JW38Fn If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must: ~~1.~~ Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet ~~1.~~ Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)	

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10.1.16	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: ~~1.~~ Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contra-indications on the label or package leaflet ~~2.~~ Not prescribe more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)	Use of the BVA prescription form is recommended. Copies of written prescription forms must be available for the assessor to view.	
10.1.17	Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must: ~~1.~~ Authorise each transaction individually before the medicine is supplied ~~2.~~ Be satisfied that the person handing it over is competent to do so	A veterinary surgeon could meet the requirement to authorise each transaction by: ~~1.~~ Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine ~~2.~~ Making a note on a client's record that repeat prescriptions could be supplied to the client ~~3.~~ A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied ~~4.~~ In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply Note: A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines.	

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10.1.18	If a veterinary surgeon or SQP supplies an NFA-VPS they must: ~~1.~~ 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 ~~2.~~ Each time the medicine is supplied, advise on its safe administration and on any warnings or contraindications on the label or package leaflet ~~3.~~ Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3, paragraph 7 of the VMR)	In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS.	
~~10.1.19~~	~~In the case of supply of sheep dips, the customer/user must provide a certificate of competence in the safe use of sheep dips and must be provided with two pairs of gloves with every product prescribed and supplied, as well as a laminated notice.~~ ~~Sheep dip certificate numbers must be retained for at least three years.~~		
10.1.20	All containers and outer packs dispensed by the practice must be legibly and indelibly labelled with sufficient information.	Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine. POM-V:	

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		All POM-V medicines supplied by the practice must be labelled with the following information: ~~1.~~ The name and address of the animal owner ~~2.~~ The name and address of the veterinary practice supplying the medicine ~~3.~~ The date of supply ~~4.~~ The words "keep out of the reach of children" ~~5.~~ The words "for animal treatment only" unless the package or container is too small for it to be practicable to do so ~~6.~~ The words "for external use only" for topical preparations ~~7.~~ The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: ~~1.~~ Identification (including species) of the animal or group of animals ~~2.~~ Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual And unless already specified on the manufacturer's packaging: ~~1.~~ Any special precautions ~~2.~~ The expiry date ~~3.~~ Any necessary warnings for the user, target species, administration or disposal of the product ~~4.~~ A specified withdrawal period	
10.1.21	Veterinary medicinal products must be supplied in appropriate containers.	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.	

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		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.	
10.1.22	Practices must make clients aware that they can request a prescription.	Advise clients, by means of a large and prominently displayed sign or signs (in the waiting room or other appropriate area), with reference to the following: ~~1.~~ "Prescriptions are available from this practice." ~~2.~~ "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." ~~3.~~ "Your veterinary surgeon may prescribe POM-Vs only for animals under their care." ~~4.~~ "A prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary." ~~5.~~ "You will be informed, on request, of the price of any medicine that may be dispensed for your animal." ~~6.~~ "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]." ~~7.~~ "Further information on the prices of medicines is available on request." The practice should provide new clients with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter or terms of business document. On a continuing basis, the practice should take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter. Reasonable steps may include a combination of practice leaflets, client letters, and information on practice websites.	Copy of notice and information for new clients. 

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10.1.23	The practice must provide the price of any relevant veterinary medicinal product stocked or sold, to clients or other legitimate enquirers making reasonable requests.	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. 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.	
10.1.24	Medicines must be used in accordance with the legislation commonly referred to as the Cascade.	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. 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: http://bit.ly/1M7S8qy 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: 1. A veterinary medicinal product authorised in the United Kingdom for use with another animal species, or for another condition in the same species If, and only if, there is no such product that is suitable, either: 2. A medicinal product authorised in the United Kingdom for human use or 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)	Protocol for unauthorised medicine use.

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		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 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	
10.1.25	Consent for products supplied under the Cascade is required.	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. It is not acceptable to use an all embracing "general" lifelong consent for any and all off-label products that might be given to any animal. Specific consent needs to be obtained for each unauthorised medicine used, however it is acceptable where there is a specific ongoing condition requiring unauthorised medicine for a lifelong consent form to be used for that particular medicine in that particular animal. Similarly in the case of exotics where there are no licensed products available, it is acceptable to use lifetime consent. Assessors will ask to see completed off-label forms not just that a stock of blank forms is held. The VDS can supply a suitable template for these consent forms: http://bit.ly/1Pnu6FX	Completed consent forms.
10.1.26	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: http://bit.ly/1DNqgVE	Protocol for suspected adverse event reporting.

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10.1.27	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.	
10.1.28	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.	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. Antimicrobials advice is available from the BVA: http://bit.ly/1INIe6Z as well as their antimicrobials poster for use in practice: http://bit.ly/1iIN5jK The BSAVA also provides advice on the responsible use of antimicrobials: http://bit.ly/2e5GX7g BEVA provides its own antimicrobials guidance: http://bit.ly/2fiPNys	
10.1.29	For medicines requiring special handling e.g. cytotoxic/cytostatic/certain hormones the practice has in place SOPs for their storage, administration and disposal.	The RCVS provides guidance for chemotherapy drugs. See Chapter 4, point 4.39 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1MqalPI Practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: http://bit.ly/1WfH1P6	SOP for cytotoxic medicine use.

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Module 10: Medicines

General Practice

Point	Requirements	Guidance notes	Documents
10.2.1	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.	
10.2.2	All team members involved in dispensing medication must be trained and there must be protocols in place, including systems to reduce errors.	Training can be internal by means of SOPs. Systems to reduce errors should include double checking systems for dispensed medicines.	
10.2.3	A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones and 3rd and 4th 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.	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. 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. Disc diffusion is the standard method of assessing antimicrobial sensitivity in diagnostic laboratories. The results are recognised as providing a useful	

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		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. Information on the antimicrobials contained within the group HP-CIA can be found on http://bit.ly/2q0JCmU. See BSAVA PROTECT ME (https://www.bsavalibrary.com/content/book/10.22233/9781910443644) and BVA (https://www.bva.co.uk/News-campaigns-and-policy/Policy/Medicines/Antimicrobials/) guidelines on the responsible use of antimicrobials.	
10.2.4	The practice routinely provides written information to the client about side-effects or complications relating to unauthorised products whenever they are prescribed.	For example the BSAVA client information leaflets.	Client information.
10.2.5	The practice provides suitable training to clients if they are to administer injectable medicines themselves.	This will include the disposal of sharps and used syringes.	Client information.
10.2.6	The practice has a protocol for antimicrobial use in common conditions encountered.	These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol.	Written protocol.

~~There are no General Practice requirements in this module.~~

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Module 10: Medicines

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
10.3.1	At least one team member must have attended an appropriate dispensing course in the last four years.	This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. BSAVA dispensing course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	Evidence of attendance at dispensing course or access to online CPD records.
~~10.3.2~~	~~All labels must be mechanically or machine produced, handwritten labels are not acceptable.~~	~~Handwritten labels for ambulatory practitioners or those on visits are considered acceptable for reasons of practicality, as the majority of details (i.e. veterinary practice address) are pre-printed onto labels the additional information can be added by hand.~~	

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Module 10: Medicines

Award Points

This module contributes towards the Awards in Team and Professional Responsibility and Patient Consultation Service; you will also need to have completed all of the points listed under Core Standards.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
10.5.1	A team member has recently attended further training in dispensing and medicines legislation.	Team members that receive the training ensure that there is transfer of knowledge to other members of the practice team.	This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. BSAVA dispensing course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	Evidence of attendance at course or access to online CPD records.	30
10.5.2	The practice has a designated person responsible for the running of the dispensary.		This person would be expected to ensure that dispensary SOPs are available and the team is trained in their use.	Name of designated person and list of their responsibilities.	30

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Annex A – Small Animal edits (with tracked changes)

10.5.3	The practice has a designated person responsible for auditing Controlled Drugs by checking the Register balance and the amount in stock at least weekly.		This person must be a veterinary surgeon or RVN. In the absence of the designated person an appropriate deputising system is in place.	Name of designated person and list of their responsibilities. 	20
10.5.4	The dispensary has a clearly demarcated work surface for the preparation of prescriptions and medications.				10
10.5.5	There is a clear storage system for medications awaiting collection by clients that ensures they are held under the appropriate conditions.		This applies to systems inside the clinic and to out-of-hours medicine collection arrangements. There should be a system in place to audit those medicines not collected.		10

10.5.6	For medicines requiring special handling e.g. cytotoxic /cytostatic/certain hormones the practice has in place SOPs for storage, administration, disposal and sending animals home on such medication.		The RCVS provides guidance for chemotherapy drugs. See Chapter 4, point 4.39 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1MqalPl When an animal is sent home on these medications, the practice should provide animal owners/carers with leaflets, training and suitable PPE. Practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: http://bit.ly/1WfH1P6	Copies of SOPs.	10
10.5.7	The practice employs a Suitably Qualified Person (SQP).		An SQP as defined by AMTRA / Vet Skill.	Copy of AMTRA SQP certificate.	10
10.5.8	The practice has ready access to appropriate and current reference materials relevant to the use of medicinal products.		These could be the BVA guide, the BSAVA formulary, the BEVA formulary app and/or VMD guidance notes.		10
10.5.9	The practice uses SOPs, which should include systems in place for handling veterinary medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10

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10.5.10	The practice uses SOPs, which should include systems in place for stock and date control.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
10.5.11	The practice uses SOPs, which should include systems in place for placing orders.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
10.5.12	The practice uses SOPs, which should include systems in place for unpacking drug orders.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
10.5.13	The practice uses SOPs, which should include systems in place for labelling medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
10.5.14	The practice uses SOPs, which should include systems in place for temperature and environmental monitoring protocols.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
10.5.15	The practice uses SOPs, which should include systems in place for disposal of out of date and returned medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10

10.5.16	The practice uses SOPs, which should include systems in place to prevent errors when dispensing medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
10.5.17	The practice has a system in place for updating all members of the practice team on new products or changes in the SPCs for current products.	The practice updates team members regularly.	This could be via a new product notice board, monthly updates at practice meetings or NOAH updates.		20
10.5.18	The PMS identifies unauthorised human POM products used under the Cascade and prompts the user to label correctly and use appropriate consent forms.				20
10.5.19	The PMS automatically labels unauthorised human POM products used under the Cascade correctly and automatically produces a consent form.				10

Annex A – Small Animal edits (with tracked changes)

10.5.20	The practice routinely provides written information to the client about side-effects or complications relating to unauthorised products whenever they are prescribed.	Provides relevant information and resources to clients.	For example the BSAVA client information leaflets.	Client information.	10
10.5.21	The practice provides suitable training to clients if they are to administer injectable medicines themselves.	Provides relevant information and resources to clients for home care.	This will include the disposal of sharps and used syringes.	Client information.	10
10.5.22	The practice has a protocol for antimicrobial use in common conditions encountered.		These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol.	Written protocol. 	30

10.5.23	The practice has a protocol for endo and ecto parasiticide use.		These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol. The Veterinary Prescriber provides a client questionnaire on assessing parasite risk in cats and dogs: http://bit.ly/2fAYmFk	Written protocol.	30
10.5.24	Dispensing procedures are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits. Near misses should also be discussed.	Audit report.	20
10.5.25	There is a system in place for the delivery of repeat dispensed medicines.		This may be an SOP for posting medicines.	SOP or protocol.	10
10.5.26	The practice communicates to its clients how repeat prescriptions are ordered and dispensed.				10
10.5.27	The practice has appointed an antibiotic guardian(s) to oversee the appropriate use of HP-CIAs and adherence to the written policy on the prescription of these.		The antibiotic guardian(s) should be appointed in writing and there should be a list of their duties.		30

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Annex A – Small Animal edits (with tracked changes)

10.5.28	The practice has systems in place to monitor the appropriate use of HP-CIAs.		This could include via SAVSNET (https://www.liverpool.ac.uk/savsnet/about/).	20
			TOTAL POINTS AVAILABLE:	~~360~~390
			OUTSTANDING:	~~290~~310
			GOOD:	~~220~~230

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Module 11: Medical Records

Core Standards

Point	Requirements	Guidance notes	Documents
11.1.1	The practice must maintain an efficient system of documenting and filing clinical records. It must also comply with the General Data Protection Regulations.	~~The General Data Protection Regulations (GDPR), will be implemented in the UK on 25 May 2018 and will replace existing data protection legislation, the Data Protection Act 1998 (DPA).~~ See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/ 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. ~~General guidance can be found~~'GDPR - RCVS information and Q&As' can be ~~on~~downloaded from the RCVS website at: http://bit.ly/2IBYIKX 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: http://bit.ly/2rXiaHs	

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		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 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. Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt http://bit.ly/2ke4QKz), 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.	
11.1.2	R~~Where appropriate, r~~ecords must be maintained for each animal or group. There must be adequate back-up for computerised records.		
11.1.3	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.	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	

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		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 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. 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.	
11.1.4	Before any diagnostic or surgical procedure is performed on an animal, informed consent must be obtained~~sought~~.	Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable 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. Further guidance on informed consent is available from the RCVS website: http://bit.ly/2qVzqfG It is recognised that in an emergency it may be necessary to perform procedures without prior consent.	

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11.1.5	Likely charges must be discussed with clients and updated as necessary.	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. 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.	
11.1.6	Itemised invoices must be available at the request of the client.	Itemised invoices may be produced by computer or manually and must include a breakdown of services, drugs and consumables, VAT and any surcharges.	Itemised invoices.
11.1.7	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.	See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/. Veterinary surgeons must keep clear, accurate and detailed clinical and client records. Team members must be aware of the requirements of relevant General Data Protection Regulations.	
11.1.8	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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11.1.9	Veterinary surgeons are aware of their professional obligations in relation to their communications with each other and when sharing or taking over care of a patient.	When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. Even where two veterinary surgeons are treating different groups of animals owned by the same client, ~~it is still advisable for each to~~each should keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1LaRCay	

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Module 11: Medical Records

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
11.2.1	Signed consent forms are usually required for all procedures when a patient is admitted to the care of a veterinary surgeon. This will include diagnostics, medical treatments, surgery and euthanasia.	Consent follows from discussions with the client. ~~This applies to animals seen at the owner's premises or at the practice.~~ If treatment changes during the course of investigation, telephone consent is allowed, but should be recorded in the clinical records.	Signed consent forms.
~~11.2.2~~	~~All hospitalised animals must have in-patient sheets recording basic husbandry parameters, with timed and initialled entries:~~ ~~1. Temperature~~ ~~2. Pulse~~ ~~3. Respiration~~ ~~4. Treatments~~ ~~5. Food and water intake~~ ~~6. Urine and faeces output~~ ~~7. Clinical signs~~ ~~8. Demeanour~~		~~Hospital sheets.~~
11.2.3	The practice system is capable of passing patient records between premises within the same practice group.		

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11.2.4	Complete records must contain the following information, where applicable: ~~1.~~ Owner identification: ~~1.~~ Name ~~2.~~ Address ~~3.~~ Contact telephone numbers ~~4.~~ Patient identification: ~~1.~~ Name ~~2.~~ Species ~~3.~~ Breed ~~4.~~ Colour ~~5.~~ Age ~~6.~~ Sex ~~7.~~ Microchip number or tattoo number and weight ~~8.~~ Clinical information: ~~1.~~ Dates of all examinations, investigations, treatments ~~2.~~ Author of clinical records, history and details of clinical examination, investigations, provisional diagnosis and treatments ~~3.~~ Vaccinations - batch numbers ~~4.~~ Special considerations e.g. abnormal drug reactions by patient or client ~~5.~~ Concurrent clinical conditions ~~6.~~ Repeat prescriptions e.g. authorisation and review date ~~7.~~ External communications: ~~1.~~ Referrals and laboratory reports ~~2.~~ Consent forms and estimates	It is prudent to include plans for future treatment or investigations, details of proposed follow-up care or advice, notes of telephone conversations, fee estimates or quotations, consents given or withheld and contact details. The practice should have the ability to separate clinical and financial records so that clinical records can be forwarded without financial information. Clinical and client records should include details of examination, treatment administered, procedures undertaken, medication prescribed and/or supplied, the results of any diagnostic or laboratory tests (including, for example, radiograph, ultrasound or electrocardiogram images or scans), provisional or confirmed diagnoses, and advice given to the client. See Chapter 13 of the supporting guidance to the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1MrzGc1	Clinical records.
11.2.5	Signed consent forms are usually required for all procedures when an animal is seen at the owners premises. This will include diagnostic treatment, anaesthesia and euthanasia.	Consent follows from discussions with the client.	Signed consent forms.

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11.2.6	Written discharge instructions are routinely handed to clients on discharge of all hospitalised patients.	These should include at least: - Details of medication - Instructions for feeding - Instructions for exercise - Information about repeat appointments - Details of out of hours arrangements See the BSAVA website for template written discharge instructions: [link to follow]	
11.2.7	The practice uses a computerised practice management system.	The computerised clinical records are accessible at all premises within the same practice group.	
11.2.8	The animal's weight is regularly updated to ensure accurate therapeutic dosing.	Team members understand the rationale behind this.	Clinical records.
11.2.9	The animal's body condition score is regularly updated.	Team members understand the rationale behind this.	Clinical records.

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Module 11: Medical Records

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
11.3.1	There must be facility for easy referral of patients from a branch surgery to the full facilities available at a hospital. The clinical records system must be accessible at branches of the Veterinary Hospital.		
11.3.2	Records must include therapeutic and diagnostic plans.	This should be in a form that is understandable to the whole practice team, ideally using standardised medical nomenclature.	Clinical records.
11.3.3	The practice must audit the back-up for computerised records to ensure that it is adequate.		Audit report.
11.3.4	There is easy access from the patient medical record to associated clinical documentation e.g. digitalised, scanned or paper.	This might include imaging records, laboratory reports, referral reports, insurance records, previous history from other practices and written discharge instructions for the owner and referring veterinary surgeon.	

Module 11: Medical Records

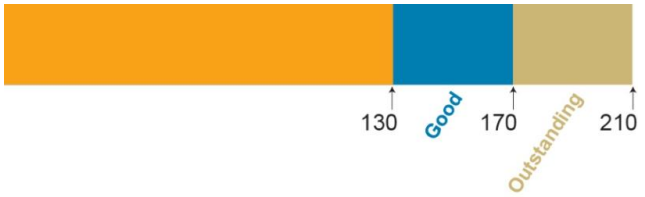
Award Points

There are no Award points in this module.

Annex A – Small Animal edits (with tracked changes)

Point	Requirements	Behaviours	Guidance notes	Documents	Points
~~11.5.1~~	~~The practice uses a computerised practice management system.~~		~~The computerised clinical records are accessible at all premises within the same practice group.~~		~~50~~
~~11.5.2~~	~~Records include diagnostic and therapeutic plans.~~		~~This should be in a form that is understandable to the whole practice team, ideally using standardised medical nomenclature.~~	~~Clinical records.~~	~~30~~
~~11.5.3~~	~~The clinical records system is set up in such a way as to allow data mining for the purposes of clinical governance, clinical audit, benchmarking, clinical research etc.~~		~~The records system can search e.g. name of a procedure.~~		~~20~~
~~11.5.4~~	~~The practice is working towards standardised medical nomenclature.~~		~~This can either be based on a local nomenclature or other standard system e.g. VENOM or SNOMED. Evidence of training for all team members using the system.~~		~~10~~
~~11.5.5~~	~~There is easy access from the patient medical record to associated clinical documentation e.g. digitalised, scanned or paper.~~		~~This might include imaging records, laboratory reports, referral reports, insurance records, previous history from other practices and written discharge instructions for the owner and referring veterinary surgeon.~~		~~30~~

11.5.6	The practice utilises a protocol to update records regarding deceased patients including removal of patients' names from reminder lists.	Team members understand the rationale behind this.		Protocol for updating records.	30
11.5.7	The animal's weight is regularly updated to ensure accurate therapeutic dosing.	Team members understand the rationale behind this.		Clinical records.	20
11.5.8	The animal's body condition score is regularly updated.	Team members understand the rationale behind this.		Clinical records.	20
			TOTAL POINTS AVAILABLE:		210
			OUTSTANDING:		170
			GOOD:		130



Module 12: Nursing

Core Standards

Point	Requirements	Guidance notes	Documents
12.1.1	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.
12.1.2	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.
12.1.3	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: Nursing

General Practice

Point	Requirements	Guidance notes	Documents
12.2.1	At least one RVN is employed.	The RVN's primary role is the responsibility for the nursing and clinical care of the clinic's patients. Team members' schedules/rotas will provide evidence. If the RVN(s) leave the employment of the practice so that the practice is not fulfilling this requirement, the PSS accreditation can be retained as long as the practice is actively recruiting a replacement RVN.	

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~~There are no General Practice requirements in this module.~~

Module 12: Nursing

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
~~12.3.1~~	~~At least one RVN is employed.~~	~~The RVN's primary role is the responsibility for the nursing and clinical care of the clinic's patients.~~ ~~Team members' schedules/rotas will provide evidence.~~ ~~It is an intention for the future that Veterinary Hospitals have a RVN onsite for all normal opening hours.~~	
12.3.2	There must be a CPD plan for the nursing team.	CPD should be specific to job requirements of the nursing team.	CPD plan for nursing team.
12.3.3	Nursing care is provided at all times.	Schedules/rotas to provide evidence.	Rotas.
12.3.4	All animals ~~(non-routine)~~ have a nursing plan.	This should include specific instructions for complex interventions e.g. managing chest drains, nursing post chemotherapy/radioactive isotopes. A recognised nursing care plan (NCP) should be completed and regularly reviewed for each eligible patient. NCPs should be overseen by a qualified member of the practice. For routine procedures standardised plans are acceptable.	Nursing plans.

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12.3.5	There must be an RVN onsite for all normal opening hours.	Team members' schedule rotas will provide evidence.	

Module 12: Nursing

Award Points

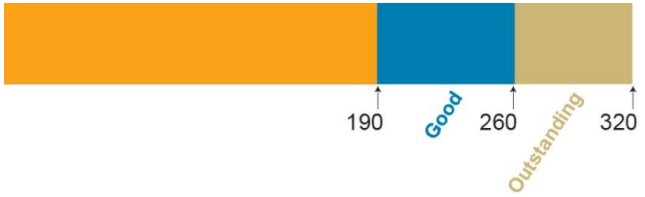
This module contributes towards the Awards in Patient Consultation Service, In-patient Service and Emergency and Critical Care Service; you will also need to have completed all of the points listed under Core Standards.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
12.5.1	A RVN is employed for all normal practice opening hours (or part time equivalents to FTE).		The RVN's primary role is the responsibility for the nursing care of the clinic's patients.		4~~7~~0
12.5.2	One or more RVN(s) has additional relevant ~~qualifications~~certifications.		These might include: BSAVA Nurse Merit Award, Advanced Diploma, BVNA certificate, VTech etc. Training records.	Evidence of ~~qualification.~~certification.	30
12.5.3	There should be sufficient appropriately trained team members to provide patient care to expected numbers of patients.	Team members can describe the appropriate level of care expected.	For team members without a recognised qualification (or on an approved course) the practice must demonstrate the training given. Training could be in-house or externally provided. This includes in-patients and surgical patients.	Training records and rotas.	50

12.5.4	All animals undergoing any procedure should have a nursing care plan.	A consistent and high standard of nursing care is provided.	A nursing care plan should be completed and regularly reviewed for each patient. NCP's should be overseen by a qualified team member. For routine procedures standardised plans are acceptable.	Nursing plans.	50
~~12.5.5~~	~~All anaesthetics are monitored and maintained by a veterinary surgeon or registered veterinary nurse, (or enrolled student under the continuous and direct supervision of a veterinary surgeon).~~	~~Observation and check anaesthetic records.~~	~~This means that different people are undertaking the procedure and monitoring anaesthesia.~~ ~~Short term exceptions for sickness etc.~~	~~Anaesthetic records.~~	~~50~~
12.5.6	The nursing team is involved in the regular practice clinical meetings~~/ clinical clubs~~ and management meetings to ensure inter-professional practice.		All members of the nursing team should have the opportunity to input items for discussion.	Minutes of most recent ~~nursing team meeting~~clinical and management meeting.	3~~2~~0
12.5.7	Nurse clinics are provided for clients.		They are carried out by an RVN with appropriate training e.g. consultancy skills, nutrition, and pet health councillor. Evidence may be provided through training records, client literature and team rotas.	Training records or rotas.	30

Annex A – Small Animal edits (with tracked changes)

12.5.8	Clinical nursing procedures are subject to clinical audit.	Open, honest discussions with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits.	Audit report.	20
12.5.9	There is a 1:1 ratio of RVNs to veterinary surgeons.		This must be on a Full Time Equivalent (FTE) basis.		30
12.5.10	There must be a CPD plan for the nursing team.		CPD should be specific to job requirements of the nursing team.	CPD plan for nursing team.	30
12.5.11	The practice is a nurse training practice.		Practices would be expected to have at least one student veterinary nurse in training within the previous 12 months.		40
			TOTAL POINTS AVAILABLE:		350~~320~~
			OUTSTANDING:		280~~260~~
			GOOD:		210~~190~~



Module 13: Out-of-Hours

Core Standards

Point	Requirements	Guidance notes	Documents
13.1.1	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 *RCVS Code of Professional Conduct* for further information: http://bit.ly/1J80rzD Veterinary surgeons taking steps to provide emergency first aid and pain relief for animals should provide protocols for on-duty veterinary surgeons.	
13.1.2	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 *RCVS Code of Professional Conduct* for further information: http://bit.ly/1J80rzD Practices must demonstrate availability of information for species/cases outside of their competencies is available to on-duty veterinary surgeons.	

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13.1.3	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 *RCVS Code of Professional Conduct* for further information: http://bit.ly/1J80rzD 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, 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.
13.1.4	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.	
13.1.5	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/visits.
13.1.6	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.

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13.1.7	Practices should inform all clients of their out-of-hours (OOH) arrangements.	Clients should be provided with information, at initial registration, on the emergency service, including relevant telephone numbers, location details and the likely initial costs of a consultation. Written duty rota or formal written arrangement with an alternative veterinary surgeon/practice and by what means the practice informs clients of the OOH arrangements. Assessors may interview clients as to how they are informed of OOH arrangements. Practices should be aware that under GDPR rules, they do not require explicit consent of clients to notify of 24-hour emergency cover provision. Notifications about emergency cover may be sent without the explicit consent of the client, including by email. For further information please refer to: http://bit.ly/2rXiaHs	Client information on out-of-hours arrangements. 
13.1.8	Proper safety precautions must be taken for team members on duty at night. An appropriate protocol for dealing with night-time callers must be in place. Suitable means must be available to enable team members to call for immediate assistance when necessary.	See Chapter 3 in the supporting guidance to the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1J80rzD	Protocol for night callers and lone working. 

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Module 13: Out-of-Hours

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
13.2.1	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.
13.2.2	A suitably trained person is available to assist in the administration of a general anaesthetic.	Assessors will ask to see what arrangements are made for surgical emergencies to ascertain that a suitably trained person would be available to assist in the administration of a general anaesthetic.	Training records.
13.2.3	Practices can only outsource their OOH provision to practices that meet or exceed their own level or to an ESC.	This refers to the base categories of Core/GP/Veterinary Hospital for the species covered, and must be in place by 2020. This requirement does not relate to any Awards.	

Module 13: Out-of-Hours

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
13.3.1	Veterinary hospital can only outsource their out-of-hours provision to another Veterinary Hospital or an ESC.	This requirement can be met by an external OOH providers based at the hospital premises. Assessors will wish to discuss plans or preparation for meeting this requirement.	

Module 13: Out-of-hours

Award Points

There are no Award points in this module.

Module 14: Out-patients (First Opinion)

Core Standards

Point	Requirements	Guidance notes	Documents
14.1.1	Consulting areas whether mobile or static should have equipment appropriate for the range of species treated in that area.	Minimum of a stethoscope, thermometer, ophthalmoscope and aureoscope must be available for clinical examination. Items may be shared between consulting areas.	
14.1.2	Vehicles routinely used by the practice must be clean, tidy and well maintained and equipped sufficiently to enable basic procedures to be performed at the client's premises.	Assessors will view as many vehicles as practicable to be reasonably sure that this standard is met. It would be acceptable for a visit box to be moved between vehicles.	
14.1.3	Contaminated items, waste materials (including sharps) should be transported and disposed of according to regulations.	See Infection Control Module, Core Standards Requirement 7.1.1 regarding biosecurity policy and Practice Team Module, Core Standards requirement 16.1.33 regarding waste management. See also BVA Good practice guide to handling veterinary waste: http://bit.ly/1WfH1P6	
14.1.4	If mobile phones have to be used in vehicles, a hands free must be available.	Hands free kits should not encourage mobile communication whilst driving.	
14.1.5	Equipment should be stowed so as not to risk accident or injury.		
~~14.1.6~~	~~The practice must have a means of estimating or establishing the weight of species routinely treated.~~	~~Weight should be determined as accurately as possible e.g. scales or standard weight charts.~~	
14.1.7	Cleaning and disinfection materials must be readily available and used.	Risk based disinfection of consulting and all related surfaces must be done between patients. This should include floor, equipment and keyboards.	

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Annex A – Small Animal edits (with tracked changes)

14.1.8	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.	
14.1.9	Team members must be adequately trained in animal handling.	Non-slip lead, muzzles, crush cage, blanket, gloves, dog catcher. Ability to call for assistance e.g. personal or room alarm. Evidence may be required in the form of team members' induction/training records.	Induction/training records.
14.1.10	A stretcher or trolley must be provided for the safe transportation of heavy animals.	Cat-only veterinary practices may be exempt from this requirement.	
14.1.11	Scales must be provided to allow accurate weighing of the full range of species routinely treated.	This enables accurate dosage of medications and treatment planning.	
14.1.12	All vehicles routinely used for clinical work must contain a clinical waste area and sharps bin.		
14.1.13	The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a range of endotracheal tubes available for the species usually treated.		

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Module 14: Out-patients (First Opinion)

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
14.2.1	The ability to view X-rays/diagnostic images must be available in at least one consulting area.	A laptop, mobile X-ray viewer, digital display screen or hard copy showing real size images would be acceptable.~~Could be an X-ray viewer or computer.~~	
14.2.2	The practice must have access to a service providing veterinary specific advice on management of poisons.	It is not necessary to have a formal annual contract. An SOP to show how information is being accessed, for example, via websites on a 'pay-as-you-go' basis would be acceptable. Evidence of a current contract should be provided or an SOP must show how to access the information in an emergency.	SOP or contract.
~~14.2.3~~	~~Scales must be provided to allow accurate weighing of the full range of species routinely treated.~~	~~This enables accurate dosage of medications and treatment planning.~~	
14.2.4	At least one examination area must be able to be darkened.		

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Module 14: Out-patients (First Opinion)

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
~~14.3.1~~	~~There must be a hand basin within each consulting area available for use by team members and clients.~~		

Module 14: Out-patients (First Opinion)

Award Points

This module contributes towards the Award in Patient Consultation Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

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Point	Requirements	Behaviours	Guidance notes	Documents	Points
14.5.1	Relevant CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This could be in small animal medicine, veterinary cardiology, veterinary dermatology or veterinary ophthalmology. This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of medicine, cardiology, dermatology or ophthalmology CPD.	10

14.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) in small animal medicine, cardiology, dermatology or ophthalmology and there is evidence of dissemination to the rest of the team.		This could be in small animal medicine, veterinary cardiology, veterinary dermatology or veterinary ophthalmology. Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20
14.5.3	At least one MRCVS has a post-graduate qualification in small animal medicine and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in small animal medicine.	This includes AP status or a relevant old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification.	30

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14.5.4	Written diagnostic guidelines are utilised for skin diseases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.5	Written diagnostic guidelines are utilised for ears.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

14.5.6	Written diagnostic guidelines are utilised for urogenital cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.7	Written diagnostic guidelines are utilised for GI cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

14.5.8	Written diagnostic guidelines are utilised for cardiac cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.9	Written diagnostic guidelines are utilised for respiratory cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

14.5.10	Written diagnostic guidelines are utilised for ophthalmic cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.11	Written diagnostic guidelines are utilised for exotic cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

14.5.12	Written diagnostic guidelines are utilised for neurological cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.13	Written diagnostic guidelines are utilised for reproductive cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

14.5.14	Written diagnostic guidelines are utilised for lameness.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.15	Written diagnostic guidelines are utilised for endocrine cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.16	There is a hand basin within each consulting area available for use by team members and clients.				20

14.5.17	A written vaccination policy is utilised in the practice.		This must be reviewed at regular intervals and at least annually.	Copy of policy.	10
14.5.18	A written parasite control policy is utilised in the practice. This should cover both ecto- and endo-parasites and training must include reception staff.		This must be reviewed at regular intervals and at least annually.	Copy of policy.	10
14.5.19	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for skin disease.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.20	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for ears.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.21	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for urogenital cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.22	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for GI cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.23	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for cardiac cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.24	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for respiratory cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.25	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for ophthalmic cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.26	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for exotic cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.27	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for neurological cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.28	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for reproductive cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.29	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for lameness.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.30	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for endocrine cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

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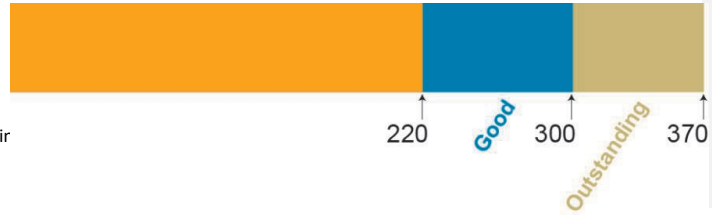
Annex A – Small Animal edits (with tracked changes)

14.5.31	The waiting area allows for the separation of dogs, cats and other predator/prey species, and nervous animals.				30
14.5.32	The practice is recognized as a Cat Friendly Clinic.		For further information see the Cat Friendly Clinic website: www.catfriendlyclinic.org		10
14.5.33	The practice is recognized on the Rabbit Friendly Vet List.		For further information see the Rabbit Friendly website: https://rabbitwelfare.co.uk/rabbit-care-advice/rabbit-friendly-vets/rabbit-friendly-vet-list/		10
14.5.34	The practice is certified as Fear Free.		For further information see the Fear Free website: https://fearfreepets.com/		10
14.5.35	At least one team member has completed training in assisting the emergency services with responding to incidents involving animals.		For example, the BARTA awareness training on this subject [insert link]. This should have been within the past 4 years.	Evidence of completion of training.	10
			TOTAL POINTS AVAILABLE:		~~410~~370
			OUTSTANDING:		~~330~~300
			GOOD:		~~250~~220



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Module 15: Pain Management and Welfare

Core Standards

Point	Requirements	Guidance notes	Documents
15.1.1	Pain is routinely assessed and appropriate analgesia provided.	See the *RCVS Code of Professional Conduct* Guidance note 3 for further information: http://bit.ly/1J80rzD	

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Module 15: Pain Management and Welfare

General Practice

Point	Requirements	Guidance notes	Documents
15.2.1	Pain is routinely assessed using a recognized pain scoring system and appropriate analgesia is provided.		
15.2.2	The practice utilises pre-emptive pain control.	Evidence that all relevant personnel recognise the need of pre-emptive pain control and that this is a recorded step in each case. There should be protocols for pain management in specific circumstances e.g. orthopaedic surgery.	
15.2.3	Pain is reassessed and recorded regularly throughout surgical procedures and recovery.	Evidence that this reassessment has led to recorded decisions.	Clinical records.
15.2.4	Patients with chronic conditions e.g. osteoarthritis, are reassessed regularly and treatment plans adjusted appropriately.	Evidence of the reassessment and that the resulting decisions are recorded.	Clinical records.
15.2.5	The practice provides a holistic approach to pain relief.	This could include overall management of the patient and the use of non-pharmaceutical pain relief (e.g. immobilisation, massage, physiotherapy). The practice should be able to demonstrate an appropriate protocol.	

~~There are no General Practice requirements in this module.~~

Module 15: Pain Management and Welfare

Veterinary Hospital

~~There are no Veterinary Hospital requirements in this module.~~

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Point	Requirements	Guidance notes	Documents
15.3.1	A pain scoring sheet (e.g. Glasgow pain score) is available throughout the practice.	Evidence that relevant personnel understand why the sheet is there and its use.	
15.3.2	Members of the clinical team have received specific training on recognising pain.	Evidence of this training, how the practice assesses the impact of training and how they retained or changed pain control policy based on this assessment.	Training records.
15.3.3	Team members know how to access relevant reference materials on pain assessment and control.	This could be reference texts, materials held in the practice or online resources.	
15.3.4	Pain assessment is performed and recorded using a standardised peer-reviewed system e.g. Glasgow pain score.	Evidence that there has been thinking and planning behind acquiring the appropriate pain scale and this has been followed through with clear communication in the practice, training for relevant personnel and an assessment of judging its impact and modifying its usage if necessary.	Evidence of recorded pain scoring.
15.3.5	Appropriate interventions against pain are provided for in-patients and out-patients in response to pain scores.	Evidence should be provided through clinical records.	Clinical records.

		Interventions will be in response to initial pain scores and changes in pain scores. Interventions may include local and regional anaesthesia.	

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Module 15: Pain Management and Welfare

Award Points

This module contributes towards the Awards in Patient Consultation Service, In-patient Service and Emergency and Critical Care Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

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Point	Requirements	Behaviours	Guidance notes	Documents	Points
15.5.1	The practice has a designated person for pain relief who implements training and monitors compliance with pain protocols.		This person is expected to be a veterinary surgeon.	Name of designated person and list of their responsibilities.	30
15.5.2	A pain scoring sheet (e.g. Glasgow pain score) is available throughout the practice.		Evidence that relevant personnel understand why the sheet is there and its use.		10
15.5.3	Members of the clinical team have received specific training on recognising pain.		Evidence of this training, how the practice assesses the impact of training and how they retained or changed pain control policy based on this assessment.	Training records.	20
15.5.4	Team members know how to access relevant reference materials on pain assessment and control.		This could be reference texts, materials held in the practice or online resources.		10

15.5.5	Pain assessment is performed and recorded using a standardised peer-reviewed system e.g. Glasgow pain score.		Evidence that there has been thinking and planning behind acquiring the appropriate pain scale and this has been followed through with clear communication in the practice, training for relevant personnel and an assessment of judging its impact and modifying its usage if necessary.	Evidence of recorded pain scoring.	40
15.5.6	Appropriate interventions against pain are provided for in-patients and out-patients in response to pain scores.		Evidence should be provided through clinical records. Interventions will be in response to initial pain scores and changes in pain scores. Interventions may include local and regional anaesthesia.	Clinical records.	40
~~15.5.7~~	~~The practice utilises pre-emptive pain control.~~		~~Evidence that all relevant personnel recognise the need of pre-emptive pain control and that this is a recorded step in each case.~~		~~20~~
~~15.5.8~~	~~Pain is reassessed and recorded regularly throughout surgical procedures and recovery.~~		~~Evidence that this reassessment has led to recorded decisions.~~	~~Clinical records.~~	~~20~~
~~15.5.9~~	~~Patients with chronic conditions e.g. osteoarthritis, are reassessed regularly and treatment plans adjusted appropriately.~~		~~Evidence of the reassessment and that the resulting decisions are recorded.~~	~~Clinical records.~~	~~10~~

~~15.5.10~~	~~The practice provides a holistic approach to pain relief.~~		~~This could include overall management of the patient and the use of non-pharmaceutical pain relief (e.g. immobilisation, massage, physiotherapy). The practice should be able to demonstrate an appropriate protocol.~~		~~10~~
15.5.11	Clients are given verbal and written information about recognising pain and the benefits of treating as well as potential adverse reactions.		Assessors may ask to see written example and/or talk to team members.	Client information.	20
15.5.12	Pain management in the practice is subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits.	Audit report.	20
15.5.13	Multi-modal pain relief is routinely used in the practice.		This must include the use of full mu-agonists when appropriate.		20
15.5.14	Local and regional anaesthesia is routinely used by the practice.				20
15.5.15	Constant rate infusions (CRIs) of analgesic drugs are used.		Evidence should be provided through clinical records.		20
15.5.16	Epidural administration of morphine / opioids is used in appropriate cases.				20
			TOTAL POINTS AVAILABLE:		270~~270~~
			OUTSTANDING:		220~~220~~

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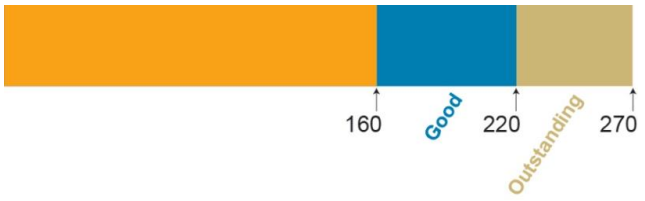
Annex A – Small Animal edits (with tracked changes)

			GOOD:		160~~169~~



Module 16: Practice Team

Core Standards

Point	Requirements	Guidance notes	Documents
16.1.1	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.
16.1.2	All veterinary surgeons and RVNs employed by the practice have professional indemnity insurance in place.		Copy of indemnity insurance schedule.
16.1.3	The practice must have employer's liability insurance.	The certificate must be displayed for all team members to see.	Employer's liability insurance schedule.
16.1.4	The practice must have public liability insurance.		Public liability insurance schedule.

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16.1.5	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.

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16.1.6	Team members are clear what their role responsibilities are.	Team members can describe what they are responsible for and what is expected of them. It may be useful to support this with a recorded list of responsibilities. This should be reviewed annually.	
16.1.7	Clinical team members are supported with regular reviews to plan their professional development.	Team members can describe the plans that have been agreed for their development and how they discuss their progress. We would expect this to occur as appropriate to the individual but at least annually.	
16.1.8	All professional team members must comply with the RCVS requirements for CPD.	Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. ~~Practices are encouraged to submit this on the official RCVS record card or online.~~ This would ideally be recorded using the RCVS online CPD platform (use of the platform will be mandatory from 2022). 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. For veterinary surgeons, the minimum requirement is ~~105 hours over three years (an average of 35 hours per year).~~ 35 hours per calendar year. For registered veterinary nurses the requirement is ~~45 hours over three years~~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.	CPD records.

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		New graduates are expected to complete PDP. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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.	
16.1.9	Where RVNs or SVNs are performing Schedule 3 procedures there should be evidence of training and assessment to ensure the individual is competent in that procedure.	There should be appropriate records of the assessment available.	Training records.
16.1.10	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.	~~Team members can explain how the policies are implemented.~~ See the Government's guidance on the Equality Act: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions).	

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		The practice should demonstrate a commitment to diversity and that is has taken steps, where possible, to recruit a diverse workforce. The practice should demonstrate a zero tolerance approach to discrimination and harassment. 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.'	
16.1.11	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.	
16.1.12	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.	
16.1.13	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.	~~All team members should be able to describe their own and their employer's responsibilities with regard to working safely.~~ The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably practicable. Where five or more people are employed	Practice health and safety policy.

(even if this is only temporarily) this policy must be set down in writing. Such a written policy must include:

1. A statement of general policy
2. Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.)
3. General instructions to team members arising out of the significant findings of the risk assessments
4. Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary

See the HSE website for guidance on writing a health and safety policy: http://www.hse.gov.uk/simple-health-safety/policy/index.htm

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.

These duties extend to:

- Workers who work from home and mobile workers (eg farm vets, mobile practices)
- Members of the public – clients, contractors, work experience, visitors
- Temporary workers (eg locums).
- 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 eg ECC shared with daytime, grooming business with vets)
- Advice on Self employed persons - http://www.hse.gov.uk/self-employed/what-the-law-says.htm~~Veterinary surgeons who are self-employed also have duties towards their own health and safety and that of~~

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		~~third parties (e.g. their family/locum) therefore, health and safety requirements do apply in this situation.~~ ~~Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.~~	
16.1.14	There are designated persons with agreed responsibilities for health and safety.	People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. This may include: - A Fire officer - First aiders and/or appointed persons - A Radiation protection supervisor (and RPA) - An Employee safety representative - Area safety officers~~For example a fire officer, H&S rep/officer, first aiders, radiation protection supervisor (and RPA), area safety officers (if applicable).~~ ~~The practice must have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. A fire risk assessment must have been drawn up.~~ ~~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.~~	List of persons with H&S responsibilities and a list of their duties.

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16.1.15	Team members are consulted appropriately in all matters of health and safety activity.	People can describe how they ~~have been~~are consulted about their safety at work and can describe how they would raise any concerns they have day to day. Consulting employees on health and safety matters is a legal requirement~~, and is more than simply having health and safety documents on site for team members to refer to and is very important in creating and maintaining a safe and healthy working environment.~~. 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: http://www.hse.gov.uk/simple-health-safety/consult.htm 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. Evidence of this may include team meeting minutes relating to health and safety, safety reporting systems and / or improvement ideas. ~~Team meeting minutes evidence discussion around H&S policy.~~	Minutes of meetings on H&S.

16.1.16	The practice has carried out risk assessments in all areas of activity ~~and has recorded the significant findings of these risk assessments~~.	Risk assessments are a legal requirement. They should be recorded if five or more people are employed. Risk assessments must - Identify the hazards - Decide who might be harmed and how - Evaluate the risks and decide on precautions - Record significant findings - Be reviewed and updated as necessary See the HSE guidance on risk management: http://www.hse.gov.uk/risk/index.htm Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities. Third parties should be considered, for example members of the public, contractors etc. If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses.~~Safety officer(s) can describe how they carried out their risk assessments and how these have informed the practice's standard procedures.~~ ~~If more than five people are employed, copies of the findings from the risk assessments should be available in the practice and regular review should be evidenced. Assessors will be verifying that the principles of risk assessment are understood and that risk has been addressed, they will not be examining individual risk assessments.~~	Copies of relevant risk assessments.

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		~~Practices are referred to the HSE for detailed guidance: http://bit.ly/1Erkpjx~~ ~~Activities/work areas to be considered would include both physical and psychological health, for example:~~ ~~1. Cleanliness/tidiness~~ ~~2. Disinfection~~ ~~3. Handling and restraint of animals (including their use on farm facilities)~~ ~~4. Manual handling and lifting of weights (with particular reference to aids for moving)~~ ~~5. Heavy/paraplegic animals~~ ~~6. Slips/trips/falls~~ ~~7. Veterinary medicines/pharmaceuticals~~ ~~8. Anaesthetic gases~~ ~~9. Injection procedures (risk of self-injection)~~ ~~10. Risk to pregnant workers~~ ~~11. Risk of work related stress~~ ~~12. Proper use of work equipment~~ ~~13. Display screen equipment~~ ~~14. Office electrical equipment~~ ~~15. Portable electrical appliances~~ ~~16. Dental machine~~ ~~17. Liquid nitrogen~~ ~~18. Imaging equipment~~ ~~19. Anaesthetic equipment~~ ~~20. Laboratory equipment~~ ~~21. Laboratory procedures~~ ~~22. Dental procedures using mechanical scaling~~ ~~23. Security of team members, including provisions for lone/night working~~ ~~24. Dealing with members of the public~~ ~~25. Personal protective equipment~~ ~~26. First aid, recording and reporting of accidents~~ ~~27. Disposal of sharps, clinical, pharmaceutical, chemical and other waste (including safe handling of spillages/leakages, broken and unwanted containers)~~ ~~28. Infectious disease/biological agents~~	

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		~~1. Zoonoses (e.g. fungal, ringworm; bacterial, salmonella; and viral, bird flu)~~ ~~2. Working at height~~ ~~3. Water supplies/air conditioning maintenance~~ ~~4. Transport and storage and use of gas cylinders~~ ~~5. Vehicles and driving for work~~ ~~6. Employment of young persons (under 18 years of age)~~ ~~7. Whether the practice premises does, or is liable to contain asbestos, any risk arising there from and action taken to manage risk, may be required (Control of Asbestos at Work Regulations 2002 and 2006)~~ ~~Stored pressurised gas cylinders must be kept securely outside the building unless authorised by a fire officer. Stocks of explosives or inflammable agents must be stored in locked metal cupboards.~~ ~~Best practice is to store cylinders of oxygen and flammable gases outside in the open air, which allows vapours to be dispersed effectively.~~ ~~Storage outside should be secure. If storage has to be located within a building, an adequate level of ventilation should be provided either by mechanical ventilation or the presence of a sufficient size and number of permanent openings.~~ ~~Flammable gases, such as LPG, if stored inside, may only be stored in purpose-built compartments or buildings with fire-resistant walls and explosion relief. Only limited quantities should be stored and should not be placed under stairs, near waiting rooms or compressors. Risk assessments should be undertaken to take into account compatibility of substances stored and the suitability of the arrangements made.~~	

16.1.17	Team members understand and work according to the standard procedures adopted.	Team members can describe how they accessuse standard procedures to maintain a safe working environment~~, and how and where these are recorded and reviewed~~. ~~Standard procedures may be recorded in a team member or practice manual, in area references or in aide-memoirs around the practice. They should be up-to-date and easily accessible.~~ All team members should be able to describe their own and their employer's responsibilities with regard to working safely.	Team H&S manual.
16.1.18	The practice must have undertaken an ~~thorough~~ assessment of the risks arising from the use of veterinary medicines and substances hazardous to health within the practice.	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: - Finding out what the health hazards are - deciding how to prevent harm to health (risk assessment) - Providing control measures to reduce harm to health - Making sure they are used - Keeping all control measures in good working order - Providing information, instruction and training for employees and others - Providing monitoring and health surveillance in appropriate cases e.g. anaesthetic gas monitoring - Planning for emergencies. Examples of substances hazardous to health include:	COSHH assessment.

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		- Veterinary medicines – low risk can be grouped together e.g. antibiotics, high risk should be assessed specifically e.g. carcinogenic substances - Cleaning products - Agents that can cause allergies e.g. latex, penicillin - Infectious agents e.g. bacteria, viruses - Substances e.g. dust 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. See the HSE guidance on COSHH: http://www.hse.gov.uk/coshh/~~The risk to health and safety from veterinary medicines and other substances has to be assessed under the Control Of Substances Hazardous to Health Regulations 2002 (COSHH). There is wide variation in risk, many are low to medium risk but there are some substances in veterinary practice, which pose a very serious risk to health.~~ ~~Implementing measures to control the exposure to low or medium risk substances can be adequately achieved when they are assessed by their therapeutic group/type/route of administration etc. The practice can set out standard measures to control exposures, for example:~~ ~~1. Injectable anaesthetics~~ ~~2. Pour-on anthelmintics~~ ~~3. Steroidal compounds~~ ~~4. Antibiotics~~	

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		~~Within these groups, practices must identify any specific medicines or substances that could have longer-term health risks, such as allergies e.g. penicillin, or sensitivities e.g. latex.~~ ~~Specific and detailed assessments and the resulting measures to control exposure must be made for high-risk substances such as:~~ ~~1. Any hormones~~ ~~2. Oil-based vaccines~~ ~~3. Gluteraldehyde disinfectants~~ ~~4. Cytotoxic drugs~~ ~~It should be noted that the lists mentioned are not exhaustive and practices should consider their own individual medicine/substance usage.~~ ~~Safety data sheets are not legally required for veterinary medicines and many medicine companies do not produce them. Practices should therefore ensure that they have access to the current version of either the Summary of Products Characteristics (SPC) or a data sheet for each authorised medicine used or stored in the practice. Copies of the current NOAH Compendium of Data Sheets are acceptable to fulfil this requirement for those medicine companies that participate. See http://bit.ly/1Pc2D9A (for veterinary SPC) and http://bit.ly/1INlaaB (for non-veterinary SPCs).~~	
16.1.19	Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.	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.	Servicing records for all equipment.

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		Frequency of servicing is determined by the manufacturer or a competent person's recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.	
16.1.20	Team members are prepared for emergencies.	Team members are familiar with procedures for turning off water supply, electricity, oil, gas supply and compressed gases. This information should be displayed in the practice.	
16.1.21	The practice must have a written programme for the inspection and testing of all its electrical equipment, based on its specific risk assessment.	The written programme containing the findings of the risk assessment, together with: - Evidence of inspection of the electrical installation by a competent person (frequency dictated by competent person) - 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) - Failed or damaged equipment must be identified clearly and removed from use See the HSE guidance on electrical safety at work: http://www.hse.gov.uk/electricity/index.htm~~The written programme containing the findings of the risk assessment, together with:~~	Inspection of electrical installation. PAT testing and visual inspection.

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		~~evidence of inspection of the electrical installation by a competent person and PAT testing and visual inspection records will be required.~~ ~~For the electrical installation in the building, the frequency of the inspection (by a competent person) should be as directed by that competent person. For portable electrical equipment, cables and leads, formal visual inspection and testing are considered. Advice should be sought from a competent person regarding the appropriate frequency for these as this will depend upon the individual circumstances of a practice. Equipment should be labelled with the date of inspection, or a database kept. Failed equipment must not be used and repaired equipment must be tested before use. Residual Current Devices are required for any equipment used in wet conditions. Assessors will ask to see PAT testing and visual inspection records.~~	
16.1.22	All gas appliances require to be maintained in a safe condition.	Assessors will ask to see gas safety certificates. Carbon monoxide detectors should be in place and regularly tested wherever combustible fuels are burned. Advice should be sought from a suitably qualified person regarding an on-going programme of examination.	Gas safety certificates.
16.1.23	Team members understand the fire evacuation procedure and how to alert others in case of fire.	Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training. Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.	

16.1.24	Wherever patients are hospitalised, smoke and/or heat detectors must be placed adequately to alert team members who may be in remote parts of the premises.	These may be standalone smoke detectors or a maintained fire alarm system.	
16.1.25	Where team members are on the premises working alone or resting, automatic fire detection devices must be in place.	~~The fire officer can explain how regular reviews of practice fire safety are carried out.~~ Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. ~~A fire log book or other records should be used to record testing and servicing of fire alarms (if present), emergency lighting and call points, and team members training and evacuation procedures.~~ A premises checklist may be useful.	
16.1.26	There must be regular maintenance of fire alarms and equipment ~~and regular fire practice evacuations~~.	~~Fire log in place which records: tests of alarms and equipment, evacuation drills and evidence of regular maintenance.~~ There should be a Fire log, or similar recording, in place detailing: -Tests of alarms and equipment -Servicing -Emergency lighting -Call point testing -Regular maintenance A schedule of regular workplace inspections (premises checklist) may be useful.	Maintenance log for fire alarm, equipment and fire drills.

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16.1.27	The practice must have performed a fire risk assessment and regular fire practice evacuations.	Employers (and / or building owners or occupiers) must carry out a fire safety risk assessment and keep it up to date. 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. 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: http://www.hse.gov.uk/toolbox/fire.htm. ~~The risk assessment should be regularly reviewed.~~ ~~Where gas/oxygen cylinders are being transported in practice vehicles, a 2kg dry powder fire extinguisher is required in the vehicle. Evidence should be provided of suitable hazard training.~~ The practice must also have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. 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.	Fire risk assessment.
16.1.28	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.	

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16.1.29	~~There must be an appointed person to take charge should someone fall ill or be injured, and to restock the first aid box. A second person must be appointed to take charge if the first appointee is off duty.~~ A first aid needs assessment should be carried out.	~~An 'appointed person' is an individual nominated by their employer to take charge when someone is injured or falls ill. Their responsibilities include looking after the first aid equipment e.g. restocking the first aid box and calling an ambulance. Appointed persons should not administer first aid unless trained to do so.~~ ~~Note: nomination of an appointed person is a minimum requirement, but practices should consider if an appointment of more than one person is necessary or if a first aider should be appointed. A first aider is someone who has undergone a training course in administering first aid and holds a current first aid at work certificate (these are time-limited to three years). A first aider can undertake the duties of an appointed person.~~ ~~For further guidance, see HSE leaflet INDG214: http://bit.ly/1N79ZO1.~~ ~~The appointed persons can describe how they have been prepared for their responsibilities which may just be stocking the first box and calling an ambulance.~~ The assessment should consider: - The workplace - The team - The hazards present The assessment will help you to decide whether you need: -Appointed person(s) -First aider(s) – level of training identified by the needs assessment e.g. emergency first aid	~~List of appointed persons for first aid and evidence of training of appointed persons for first aid.~~First aid needs assessment. List of appointed person and / or trained first aiders. Evidence of any training undertaken.

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		There must always be someone available to take charge of the first aid arrangements, namely: -Looking after the equipment and facilities -Calling the emergency services when required Arrangements should be made for an appointed person to be available to undertake these duties at all times when people are at work.	
16.1.30	First aid box(es) are readily available and stocked.	This includes for practice vehicles. 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.	
16.1.31	The practice must have an accident book, or equivalent electronic version.	Team members should know where and how to complete an accident record and what to do with the form. -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. 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. Accident forms should be audited regularly.-	Accident book.

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		~~An accident book is required by law and must meet the requirements of the Data Protection Act. It must record the following:~~ ~~1. Date and time of accident or occurrence~~ ~~2. Full name and address of the person involved and the injury or condition suffered~~ ~~3. Where the accident or occurrence happened~~ ~~4. A brief description of the circumstances~~ ~~5. In the case of a notifiable disease;~~ ~~1. The date of diagnosis,~~ ~~2. The occupation of the person concerned and the name or nature of the disease~~ ~~Records should be removed and stored securely and information kept for at least three years.~~	
16.1.32	The practice~~s~~ files reports under RIDDOR as required.	Responsible persons can explain how they should report under RIDDOR. Further information is available at: http://www.hse.gov.uk/pubns/indg453.pdf~~Managers or first aid appointees can explain how they should report under RIDDOR and the criteria to look for. Online reporting under RIDDOR is available here: http://bit.ly/1DPy0qc~~	
16.1.33	The practice must have a policy for how they segregate, store and dispose of all forms of waste.	Team training: - Team members should be able to describe how they handle different forms of waste Storage: -Adequate waste receptacles should be used to allow immediate disposal of hazardous items	Contract with waste contractor and waste policy. Waste consignment notes.

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		-Full containers should be stored in hygienic conditions and be clearly identified -Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor Assessors will ask to see evidence of: -The current waste audit should be available -A contract with a permitted waste contractor(s) -Policies and practice to segregate and label waste into appropriate streams and to store it hygienically -Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales -Waste transfer notes (which should be stored for two years) 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: http://bit.ly/1WfH1P6. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information.~~The current waste audit should be available and team members should be able to describe how they handle different forms of waste.~~ ~~Adequate waste receptacles should be used to allow immediate disposal of hazardous items. Full containers should be stored in hygienic conditions and be clearly identified.~~	

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		~~Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.~~ ~~Assessors will ask to see evidence of:~~ ~~1. A contract with a permitted waste contractor(s)~~ ~~2. Policies and practice to segregate and label waste into appropriate streams and to store it hygienically~~ ~~3. Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales~~ ~~4. Waste transfer notes (which should be stored for two years)~~ ~~For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: http://bit.ly/1WfH1P6. However, local variations exist and practices should consult the Environment Agency or their own local waste management authority for information.~~ ~~Non-hazardous (non-special) waste must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.~~	
~~16.1.34~~	~~Lifting equipment is suitable for purpose and regularly inspected.~~	~~Team members can describe safety procedures in use and how inspection is carried out.~~ ~~The practice must be aware of The Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the Regulations prior to use and thereafter have the equipment inspected regularly. The Regulations require that lifting equipment is:~~	

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		~~1. Sufficiently strong, stable and suitable for its intended use~~ ~~2. Positioned or installed to prevent risk of injury~~ ~~3. Visibly marked with appropriate information for safe use~~ ~~4. That lifting operations are planned and supervised and carried out by competent operators~~ ~~Lifting equipment should be examined prior to first use and thereafter inspected regularly in accordance with recommendations of a competent person who shall issue a certificate of inspection and report of any action required. An example of equipment covered by the Regulations is overhead gantry cranes for lifting anaesthetised horses. It is unlikely that height adjustable operating tables for use with small animals where no 'lifting' as such takes place will be covered.~~	
16.1.35	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.	
16.1.36	The practice must have facilities for the hygienic storage of cadavers, such that there is minimal deterioration prior to collection.	There should be temperature controlled storage on site or daily uplift by a waste contractor, or there should be a protocol for transferring cadavers to the main surgery within 24 hours, including at weekends. Assessors will ask to see evidence of a contract with a permitted waste contractor(s).	Contract for removal and disposal of cadavers.

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16.1.37	Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services.	Cylinders should be stored according to the following requirements: -Must be stored under cover, preferably outside -Adequate ventilation is required -They should be clean, dry and protected from extremes of temperature -Secured to prevent falling or misuse (either horizontal racks or > E size vertical with holder) -Sited away from any sources of heat or ignition -Different types of gas should be separated within the store A trolley is recommended for any movement within the practice. 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. 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. All personnel handling compressed medical oxygen cylinders should have adequate knowledge of: -The properties of the gas used -The correct operating procedures for the cylinder -Precautions and actions to be taken in the event of an emergency	Risk assessment for storage and transport / movement of medical gas cylinders. Evidence of team training. SOP / practice guidelines relating to storage, handling and maintenance and safe use of medical gases.

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16.1.38	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.	Control measures should include: -Protective clothing - • Eye protection specific to the equipment used • Gloves and coveralls (surgical lasers only) -A designated treatment room (laser controlled area). This should have - • Restricted access • Clear signage • Blinds on windows and door portholes -Means to prevent nearby workers and third parties being injured by the AOR. -Provision of medical examination if workers are over exposed. It may be helpful to appoint a Laser Protection Supervisor. A log of AOR usage is recommended.	Risk assessment (including an exposure limit value). Evidence of review of risk assessment (to ensure all necessary controls are in place). Training records for all team members involved in the procedure. Procedure / SOP for AOR use (specific to the clinic).
16.1.39	The practice must assess whether or not it is in a radon affected area.	This is required for all practices, regardless of whether or not diagnostic imaging is used. 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	

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		(above the UK Action Level of 200 Bq m^{-3}), remedial action should be taken. See the Public Health England (PHE) UKradon website for further information and to request a radon address search: https://www.ukradon.org.	
16.1.40	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.	Mental health is explicitly addressed within practice policies e.g. H&S, Sickness and Absence etc. Information about mental health support is made available to all team members e.g. posters, intranet, employee handbook, flyers etc. 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. This should include team members being encouraged to use their annual leave entitlements. Team members can describe the measures in place to support them at work in the event of a mental health issue (e.g. group reflective practice). 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. 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: https://www.gov.uk/guidance/equality-act-2010-guidance.	

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		The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), NHS, vetlife (https://www.vetlife.org.uk/), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (https://www.vetmindmatters.org/).	

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Module 16: Practice Team

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
16.2.1	The practice has an agreed team development policy which is communicated to the team.	Team members can describe how they access development activities appropriate to them. As part of this, at least one member of the practice team should undertake one day of mental health awareness training. This applies to all team members, not just the clinical team.	
16.2.2	All clinical team members are able to access reference materials appropriate to their role and activities in the practice.	People can explain how they use resource materials to keep up-to-date and can rapidly access essential current information for any clinical situation that may arise.	
16.2.3	The practice has a structured procedure for the induction of new team members which is appropriate to the role.	Some form of checklist or structured programme will be expected and people will be able to explain how the induction procedure is carried out and over what time period. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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	Evidence of induction procedures.

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		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.	
16.2.4	Team member appraisals are performed.	This must be at least once yearly but can be more frequent.	Evidence of appraisals.
16.2.5	There are written records to show that regular reviews are held with clinical team members to support them to plan their professional development.		
16.2.6	Mental health and wellbeing is embedded in induction training for new starters.		
16.2.7	The practice displays information and resources on mental health and wellbeing e.g. Samaritans, Mind Matters, Vetlife.		
16.2.8	The practice has a written policy on physical and mental health and wellbeing which is made available to all team members.		
16.2.9	The practice offers a phased return to team members who have been on long-term sick leave.		
16.2.10	Line managers should also 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.	

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		All team members with line management responsibility should have undertaken some form of training on mental health awareness. 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: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. Managers can describe where they would seek additional advice and guidance on issues around mental health. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), HSE (https://www.hse.gov.uk/stress/assets/docs/manage-mental-health.pdf), and the RCVS Mind Matters Initiative Managers' training.	
16.2.11	The practice has a sustainability policy.	This should include a recycling and waste reduction plan.	

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Module 16: Practice Team

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
16.3.1	A one year CPD plan must be provided for the hospital team.	The CPD plan should address the CPD needs of the practice team as a whole rather than of individuals.	Copy of CPD plan.
16.3.2	The hospital must have at least two team members with a post-graduate qualification with a small animal component. One of the post-graduate qualifications must have a small animal surgery component.		

Module 16: Practice Team

Award Points

This module contributes towards the Award in Team and Professional Responsibility; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
16.5.1	At least one current member of the practice team has undertaken training in professional ethics in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~This might include an external course, webinar, online resources or documented self-study.~~ Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	CPD records or access to online CPD records.	20

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16.5.2	At least one current member of the practice team has undertaken training in animal welfare in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~This might include an external course, webinar, online resources or documented self-study.~~ Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	CPD records or access to online CPD records.	20
16.5.3	At least one current member of the practice team has undertaken training in communications in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~This might include an external course, webinar, online resources or documented self-study.~~ Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	CPD records or access to online CPD records.	20

Annex A – Small Animal edits (with tracked changes)

16.5.4	CPD and development activity is evaluated and planned by the practice team.	Helps employees identify areas for development and supports appropriate employee development opportunities.	Assessors will expect to see a plan and evaluations. Practices should be aware under GDPR of the need to anonymise any sensitive personal data e.g. that relating to health condition of a team member that may be contained in the CPD records. For further information please refer to ICO guidance: http://bit.ly/2IXpYmm	CPD plan.	10
16.5.5	CPD and development activity is evaluated by each individual.	The team member takes the initiative to learn new skills that would benefit the position and operational objectives.	Assessors may ask to see evaluations and discuss how they changed what they did as a result. Practices should be aware under GDPR of the need to anonymise any sensitive personal data e.g. that relating to health condition of a team member that may be contained in the CPD records. For further information please refer to ICO guidance: http://bit.ly/2IXpYmm	CPD evaluations.	20

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16.5.6	CPD and development activity is communicated to the rest of the team and information shared.		Assessors may ask to see evidence of information being shared e.g. meeting minutes or emails. There are changes in practice made as a result. Practices should be aware under GDPR of the need to anonymise any sensitive personal data e.g. that relating to health condition of a team member that may be contained in the CPD records. For further information please refer to ICO guidance: http://bit.ly/2IXpYmm		20
16.5.7	CPD is recorded online on the RCVS Professional Development Record.		This applies to all veterinary surgeons and RVNs.	Access to online CPD records.	20
16.5.8	New graduates completing their PDP are supported with regular development reviews with a named member of the practice team.	New graduates can describe how their mentor and the practice has supported them in their first year.			10
16.5.9	Role responsibilities and day-to-day duties are reviewed regularly with input from the team member.	This should be supported with recorded role responsibilities and evidence of review.	A role description exists to define the role of the employee within the practice, their areas of responsibility and a clear understanding of their day-to-day duties.	Copies of role responsibilities.	20

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16.5.10	Role responsibilities are communicated to the rest of the team.	Team members are able to describe the different roles and responsibilities of their colleagues and their own contribution to the overall functioning of the practice.	It may be useful to support this with a written list of responsibilities.	Copies of role responsibilities.	10
16.5.11	Team members are supported with regular reviews to plan their training needs.	Team members have action plans for their development which are recorded and reviewed.	It is expected that this occurs as appropriate to the individual but at least annually.	Action plans and reviews.	20
16.5.12	Structured feedback for performance review is based on competencies and behaviours.	Team members can describe how they use documentation to ensure feedback is behaviour based and objective.		Structured performance reviews and feedback.	10
16.5.13	360 degree structured feedback is used.	Team members can describe how they give constructive feedback to colleagues.			10
16.5.14	Individuals have access to a range of suitable resources including the internet for research and communication for work purposes.		This could include access to a library, journals or databases. See RCVS Knowledge to learn more about the Library and Information Services, providing comprehensive resources and journal access for veterinary practitioners: http://bit.ly/2GWMfQi		10

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Annex A – Small Animal edits (with tracked changes)

16.5.15	Membership of professional and representative associations is encouraged and supported appropriate to the practices need.	Individuals can explain how membership of associations has assisted and informed their activities.	Assessors may ask for evidence of individuals' membership of professional bodies.	List of professional memberships.	30
16.5.16	The induction programme is tailored to the individual team member and supported by ongoing coaching and mentoring.	Individual team members can describe how they have been supported through their induction programme and how this has helped them integrate into the team.	Assessors may ask to see evidence of a documented induction process and speak to members of the team.		40
16.5.17	A protocol is in place to address the management of conflict and bullying in the workplace.	Team members can describe a zero tolerance approach to bullying and harassment in their workplace and know how to recognise and report such behaviours.	This should include a written policy explicitly stating that the workplace has a zero tolerance approach to bullying and harassment.	Protocol on managing conflict and bullying.	10
16.5.18	The practice has a policy for dealing with workplace stress.	Team members can explain the causes of stress in their workplace and the steps taken by their employer to address these.	This could include compassionate leave benefits, dealing with requests for flexible working hours and publicising access to VetLife. Guidance on workplace stress in a veterinary context can be found at: http://bit.ly/2A7cvlA.	Protocol on managing workplace stress.	30

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16.5.19	The practice has a policy for dealing with substance and alcohol abuse.		This should include publicising access to VetLife and other resources.	Protocol on dealing with substance and alcohol abuse.	30
16.5.20	There are regular practice meetings where all team members are encouraged to contribute items to the agenda and participate during the meeting.	Open and frank discussions with no barriers to feedback.	Assessors will ask to see the minutes of the previous meeting and a schedule of future meetings involving all departments in the practice (expected to be at least quarterly). A general meeting of the whole team should occur at least annually.	Minutes of last full team meeting.	40
16.5.21	The practice has a mission statement and the practice team understand their contribution to it. ~~The team members understand the aims and objectives of the business to a level appropriate to their role.~~		Assessors will speak to team members to ascertain their understanding.		10
16.5.22	Communication of business performance to the team.	A holistic approach to performance measurement is encouraged in which financial measures are only one component.	This enables team members to understand how their roles contribute to the overall business performance.		10
16.5.23	All team leaders have received training in risk assessment and are able to show how they use risk assessment in their day to day work.	Team members can describe how they approach a new task that requires risk assessment and where to seek advice if necessary.	Guidance can be found on the HSE's website: http://bit.ly/1EMsULP	Risk assessment training records.	10

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Annex A – Small Animal edits (with tracked changes)

16.5.24	Accident records are regularly reviewed and action taken.	A proactive approach to risk management is encouraged.	Managers or team members can describe how accident records have led to review and give examples of changes made as a result of that review.	Accident records.	10
16.5.25	The practice has a disaster recovery plan.		For example for fire or flood. This would include a list of emergency numbers, a plan for the continuation of essential care and a business continuation plan.	Disaster recovery plan.	20
16.5.26	The practice maintains equipment, premises and standard procedure information in an organised and accessible form.		Team members can demonstrate knowledge of and ease of access to manuals and procedures.		10
16.5.27	The practice has clear personal security policies in place and has communicated these to team members.	Team members can describe the security measures in place to enable safe working at all hours and in all areas.	Would include physical security e.g. locks, lighting, surveillance and panic alarms as required, as well as systems including checks and rules on lone working, training on dealing with difficult situations and aggressive animals.	Risk assessments for lone working and animal handling.	10
16.5.28	The practice has a policy of accepting students for EMS and actively encourages this activity.		There will be evidence of the practice providing: ~~1.~~ Objectives ~~2.~~ Training ~~3.~~ Feedback	Induction procedure for EMS students.	20

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16.5.29	The practice has an induction and integration policy for EMS students.				10
16.5.30	The practice is approved for RVN training.		Practices would be expected to have at least one student veterinary nurse in ~~current~~ training within the previous 12 months.		3~~4~~0
16.5.31	The practice plays an active role in the local community.		For example school visits, charity events and agricultural shows.		10

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16.5.32	The practice takes placement students.		For example work experience pupils from local schools or college students on animal care courses.		10
16.5.33	The practice holds detailed records of sickness absence, which include recording of work-related illness or injury, and these are held and used to analyse causes for absence.				20
16.5.34	The practice has written policies on suicide prevention and postvention.				10
16.5.35	The practice has a defibrillator / automated external defibrillator (AED) for emergency use by employees and clients.				10

16.5.36	The practice has a policy for cases of suspected animal abuse.		Members of the team should be aware of animal abuse and the potential link to human abuse. Training materials are available from the Links Group and through the Links Veterinary Training Initiative: http://thelinksgroup.org.uk/. See chapter 14 of the supporting guidance for the *Code of Professional Conduct* for further information and advice on the responsibilities of veterinary surgeons and veterinary nurses in recognising and reporting animal and human abuse: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/client-confidentiality/		10
16.5.37	All team members with line management responsibility have undertaken at least one day of mental health awareness training.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.		30
16.5.38	At least one member of the practice team has undertaken some training in inclusion and diversity.				20

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16.5.39	A buddy system is in place for all new team members.				20
16.5.40	The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing via a systematic gathering process.	A consistent and systematic approach to gathering feedback.	One way to approach this could be by completing the SPVS / RCVS Vet Wellbeing Awards application process. See the Vet Wellbeing Awards website for information on the application process, and for further guidance on improving wellbeing within the practice: https://vetwellbeingawards.org.uk/. Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs	Analysis of feedback and actions.	10
16.5.41	The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing and there is evidence that the practice acts upon such feedback.	Evidence that analysis is done to determine any required action.	Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs	Analysis of feedback and actions.	30

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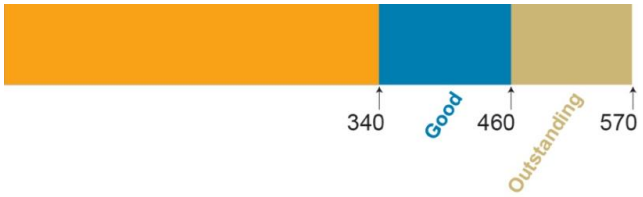
Annex A – Small Animal edits (with tracked changes)

16.5.42	The practice can demonstrate evidence of waste reduction.		Examples of this could include the practice tracking and measuring its landfill waste, as well as its recycling waste.	Comparison of yearly landfill waste reduction.	10
			TOTAL POINTS AVAILABLE:		730~~570~~
			OUTSTANDING:		~~460~~580
			GOOD:		~~340~~440



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Module 17: Premises

Core Standards

Point	Requirements	Guidance notes	Documents
17.1.1	The premises must be suitable and adequate for its intended purpose.	The premises may only be for administrative or storage purposes.	
17.1.2	The premises must be in good decorative order, clean and well maintained so as to create an atmosphere of clinical cleanliness and efficiency.		
17.1.3	The premises should be free of offensive odours.		
17.1.4	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.	
17.1.5	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.	
17.1.6	Where consultations are carried out at the premises, the practice must have one or more consulting areas, which provide a clean, hygienic environment for consultations in private.	The consulting area may be used for other purposes, provided that hygiene is not compromised.	
17.1.7	The floor area and walls in the consulting area must be made of non-slip materials and able to be thoroughly cleaned.	Unsealed concrete would not be acceptable.	
17.1.8	The table area or examination surface in the consulting area must be made of materials suitable for thorough cleaning.		

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17.1.9	Glass walls and visible prep areas/operating theatres may give rise to issues of consent and client confidentially, as well as potentially distressing clients witnessing procedures taking place. Practices must have the means of screening off the rooms (e.g. blinds) so that the area cannot be seen if consent cannot be obtained from the relevant parties.	This will only apply to areas visible to the general public and is not expected for clinical areas e.g. a glass walled operating theatre in a clinical area.	
17.1.10	The practice must provide a waiting room or reception area of adequate size.	This should be an adequate size for the work load of the practice.	
17.1.11	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.	
17.1.12	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.	
17.1.13	Team members must have access to appropriate amenities. Amenities should include toilets and hand washing facilities, which should be maintained in a clean and orderly manner.	~~Public and team members can share toilet facilities. Applicable legislation should be observed.~~ There are minimum requirements for team welfare relating to: -Provision of sanitary conveniences -Facilities to wash -Facilities to store clothing See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm Public and team members can share toilet facilities.	

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Annex A – Small Animal edits (with tracked changes)

17.1.14	Team members' refreshments must not be prepared in clinical areas.	There are minimum requirements for team welfare relating to: -Facilities to rest and eat food See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm	

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Module 17: Premises

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
17.2.1	In the consulting room privacy must be ensured by adequate soundproofing, and must allow complete closure from the public.	For example, doors and windows that close, windows with blinds.	
17.2.2	Food preparation, storage and washing up facilities for team members must be separate from clinical areas. Team members' rest areas must be separate from clinical areas.	The necessity for separate facilities however will be considered in light of the size of the practice. For example, if there were ~~less than five~~ three or less members of staff at a practice then they would not need to meet the additional requirements in order to achieve GP accreditation. This must be in place by 2025.	
17.2.3	The area immediately surrounding the premises must be maintained in a clean and tidy state.	Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.	
17.2.4	Reception facilities must be provided which are easily accessible to clients and team members as appropriate.	Reception desk could have a low area to cater for clients with specific needs. An SOP should be in place to ensure clients can easily access reception facilities.	

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Module 17: Premises

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
17.3.1	The buildings must be constructed of brick, stonework, or other substantial materials.		
17.3.2	The internal walls and floors of in-patient areas must be impervious so as to permit thorough cleansing and disinfection.	The join between the floor and the wall must have a curved finish to aid cleaning, with the coving being carried up the wall. All joints in the flooring material or coving must be impervious and finished flush with the surface. Stick-on coving is not acceptable. This does not include the waiting room and consulting room(s).	
17.3.3	Emergency lighting must be provided to allow the hospital to continue to function in the event of a power cut or electrical failure.	Background emergency lighting is adequate for general areas (see Surgery Module for theatre lighting).	
17.3.4	Adequate temperature regulation must be available for comfort of team members and efficient functioning of equipment.	Heating may be required so that the ambient temperature can be maintained above 18 degrees centigrade in the working area of the building. In addition, cooling may be required to avoid working temperatures exceeding 26 degrees centigrade. Temperatures should be monitored to ensure that they stay within these limits.	Temperature records.

17.3.5	The waiting area must be designed to encourage reasonable separation of dogs, cats and other predator/prey species, and nervous animals.	Where absolute separation cannot be achieved, a protocol for achieving separation as necessary should be available.	
17.3.6	There must be separate accommodation for hospital patients and animals being groomed.	Any boarding or grooming business must be separate from hospital facilities. Public areas (waiting room, reception and public toilets) and team members' facilities (rest-room, toilets and offices) may be shared.	
17.3.7	Smoke detectors, which provide a warning in the residential accommodation, must be installed in the kennel area.		

Module 17: Premises

Award Points

There are no award points in this module.

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Module 18: Surgery

Core Standards

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

Point	Requirements	Guidance notes	Documents
18.1.1	All surgeries are performed by an MRCVS or veterinary student under direct supervision.		
18.1.2	Surgeries allowed under Schedule 3 of the VSA are performed by RVNs or SVNs under direct supervision.		
18.1.3	A designated area is used for the conduct of surgical procedures which has easily cleanable surfaces and a good source of illumination.	This area needs to be separated either temporally or spatially from other areas.	
~~18.1.4~~	~~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.~~
18.1.5	Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the operating area.		

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18.1.6	The practice must provide a range of suitable sterile surgical instruments, consumables and suture materials for the work undertaken.		

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Module 18: Surgery

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
18.2.1	The operating theatre must be available for the conduct of sterile surgery at all times, it must not double up as a consulting room.	This should be a closed room with no through traffic.	
18.2.2	There must be a scrub sink for the use of surgical procedures, which should be separate from a sink used for non-sterile items.	If a surgical hand disinfectant product e.g. Sterilium is used in theatre, the practice does not also need to have a scrub sink but the requirement for a dedicated clean sink for washing hands remains. This would require additional contingency plans in the event of e.g. running out of product, product recall and intolerance. Contingency plans could include a backup surgical sink or protocol to cancel all scheduled surgeries.	
18.2.3	There must be a written protocol for the maintenance of a surgically clean environment and evidence it is carried out.	This should include regular deep cleaning of the operating theatre.	Written protocol for the maintenance of a surgically clean environment.
18.2.4	There must be an adjustable-height operating table.		

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18.2.5	Sterile packs for emergency surgery must be available at all times. There must be a practice policy on sterilisation of instruments.	~~These need to be checked regularly to ensure they have been sterilised within a reasonable length of time.~~ Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.	Practice policy on sterilisation of instruments.
18.2.6	Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the sterilisation technique.	Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.	Practice policy on sterilisation of instruments.
18.2.7	~~Sterile gloves and gowns~~Sterile gowns and a range of sizes of sterile gloves must be available and used where appropriate.	Maintenance of asepsis would normally require surgical gloves to be worn. 'Where appropriate' means during major surgical procedures and when entering a body cavity. Latex free gloves should be available as required.	
18.2.8	Dental procedures can be carried out at the end of the day in the theatre, as long as an SOP is in place.		SOP for dental procedures.

18.2.9	The area should usually only contain equipment for use in surgical procedures ~~and X-ray equipment~~.	~~An autoclave can be placed in an operating theatre, provided that there is a suitable SOP for maintaining asepsis.~~ An x-ray machine can be placed in an operating theatre, where there is no adequate space elsewhere, provided that there is a suitable SOP for maintaining asepsis. Endotracheal tubes and anaesthetic circuits should not be stored on the wall of the operating theatre.	
18.2.10	A separate area for the preparation of patients must be provided.	This does not mean that a practice has to have a separate room used exclusively for preparation purposes. The preparation area may be situated in a room that has another function; it cannot, however, be in the operating theatre.	
~~18.2.11~~	~~The practice must provide a range of suitable sterile surgical instruments, consumables and suture materials for the work undertaken.~~		
18.2.12	A means for displaying relevant diagnostic images must be available in the theatre.	A laptop, ~~or~~ mobile X-ray viewer, ~~or~~ digital display screen or hard copy showing real size images would be acceptable.	
18.2.13	Directable ~~l~~lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.		
18.2.14	Where surgical site infections have not responded to appropriate antibiotic usage, bacteriology is routinely performed and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).		

18.2.15	Outdoor shoes or clothing must not be worn in the operating theatre.		

Module 18: Surgery

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
18.3.1	A preparation room must be provided separate from the operating theatre for the pre-operative preparation of surgical patients.		
18.3.2	"Scrubbing up" facilities separate from the operating theatre must be provided, with ~~suitable elbow, foot or electric eye operated taps, which are adequately screened from the operating table~~taps that can be operated by the person scrubbing up without breaking sanitisation of scrubbed hands.		
18.3.3	At least one operating theatre of adequate size must be provided and used only for the conduct of surgical operations.		
18.3.4	Doorways must be sufficiently wide for access into theatre by trolleys.		
18.3.5	The theatre must be designed and laid out to ensure sterility and facilitate cleaning.	This might include flat cupboard door fronts.	
18.3.6	There must be a high standard of asepsis.	Gloves, gowns, hats, masks and dedicated footwear should be used during aseptic procedures.	

		No outdoor shoes or clothing are allowed. All those present in theatre must wear scrub suits and hats in theatre. Consideration must be given to the order in which procedures are undertaken, with those most likely to introduce contamination being done last.	
18.3.7	Lighting suitable for the accurate illumination of surgical sites on the patient must continue to function in the event of a loss of power.	An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Surgical/medical quality head torches are acceptable as a source of light during interrupted power though they need to be immediately available and charged, and an SOP for their use available.	
18.3.8	An operating table of adjustable height, and capable of holding the patient in a tilted position, must be provided in the operating theatre.		
18.3.9	Orthopaedic operations must be performed as the only procedure in theatre (at any one time).		
18.3.10	Where a referral service is offered in a particular discipline there will be suitable surgical equipment appropriate to that discipline.~~Suitable~~	Assessors will expect to see equipment checklists, evidence of clinical audit and / or case records.	

	~~surgical instruments must be available for orthopaedic surgery, including facilities for the repair of fractures.~~		
18.3.11	Electrosurgery and suction must be available for surgical use and are used appropriately.		
18.3.12	Bacteriology is routinely performed in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).		

Module 18: Surgery

Award Points

This module contributes towards the Award in In-patient Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
18.5.1	Surgery CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of surgery CPD.	10
18.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) in small animal surgery and there is evidence of dissemination to the rest of the team.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20
18.5.3	At least one MRCVS has a post-graduate qualification in small animal surgery and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in surgery.	This includes AP status or an old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and	Proof of qualification.	30

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			discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.		
18.5.4	The preparation area is frequently cleaned so as to reduce contamination.		The area must be kept clean of loose hair, debris and litter. Assessors will ask to see evidence of cleaning schedules.		20
18.5.5	The operating theatre is damp-dusted before each operating session.		Evidence could be supplied in the form of a theatre maintenance log or compliance with a cleaning protocol.	Cleaning protocol or theatre maintenance log.	20
18.5.6	Surgical assistants (where used) are RVNs, SVNs, veterinary surgeons or veterinary students.		Operating theatre rotas will be requested.	Rota.	30
18.5.7	Team members and/or observers involved in sterile surgical procedures are attired appropriately.		All team members are clear about required attire and comply with the rules.	Protocol for surgical attire.	30
18.5.8	Any jewellery which may cause a potential breach of the sterile field is removed prior to entering the surgical area.		All team members are clear about required attire and comply with the rules.	Protocol for Surgical attire.	10
18.5.9	There are scrub facilities available separate from the ~~surgical area~~operating theatre.				30
18.5.10	"Scrubbing up" facilities are available, with taps that can be operated by the person scrubbing up without breaking				30

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	sanitisation of scrubbed hands.~~with suitable elbow, foot or electric eye operated taps~~.				
18.5.11	Sterile, disposable scrubbing brushes are used or a recognised brushless system is used.				10
18.5.12	Immediately before surgery a check is performed on patient ID and the procedure to be performed including anatomical location.		Assessors will ask to see surgery protocols or checklists.	Protocol or checklist. 	50
18.5.13	Recording systems are in place that include all team members involved and location for each procedure.		This information could be combined with an anaesthetic record. This enables auditing of post-operative complications.	Record of all surgical procedures.	10
18.5.14	Surgical sites are prepared using clippers, fitted with an appropriate blade.				30
18.5.15	Clippers and blades are cleaned and maintained appropriately.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	Training records.	20
18.5.16	For surgery where the risk factors deem it appropriate a second prep is		For example spinal and orthopaedic surgery may require a second prep using sterile swabs to ensure sterility.		20

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	performed in theatre in a sterile manner.				
18.5.17	A range of single use surgical drapes appropriate to the surgery undertaken are available.				20
18.5.18	A mechanical means of suspending extremities is available.		This is to enable the preparation and maintenance of a sterile field encompassing the entire limb.		10
18.5.19	Standards are in place to maintain the sterile field throughout the whole procedure.		Team members must be familiar with standard aseptic protocols. This can include non-touch techniques.	Aseptic protocol.	30
18.5.20	Surgical packs initialled and dated by the person packing them and labelled for contents where required.				10
~~18.5.21~~	~~There is a method of administering intravenous fluids in the surgical area.~~		~~This might include suspended bags or mechanical pump.~~		~~10~~
18.5.22	Electrosurgery is available and used appropriately.		Monopolar or bipolar electrosurgery are acceptable, but thermocautery is not. Appropriate use includes training of team members in use, cleaning and maintenance.		10
18.5.23	Suction apparatus is available and used appropriately.		Appropriate use includes training of team members in use, cleaning and maintenance.		10

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~~18.5.24~~	~~A means of maintaining body temperature during surgical procedures is available and is used appropriately.~~		~~This may be achieved by using a warm air device.~~		~~30~~
18.5.25	Laparoscopic equipment is available and used appropriately.		Appropriate use includes training of team members in use, cleaning and maintenance.		10
18.5.26	Arthroscopic equipment is available and used appropriately.		Appropriate use includes training of team members in use, cleaning and maintenance.		10
18.5.27	Single use suture material packs are used exclusively.				10
18.5.28	There is an area used for non-sterile procedures (e.g. dentals or lancing abscesses) which is separate from the operating theatre.				30
18.5.29	There is a check system to prevent loss of surgical equipment in the patient.		This should include gauze swabs.		20
18.5.30	Team members have been adequately trained in cleaning, maintaining, sterilising and troubleshooting of instruments e.g. ultrasonic cleaning, lubrication and sharpening.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	Training records.	30
18.5.31	Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.		This lighting must continue to function in the event of a loss of power. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Surgical/medical		20

			quality head torches are acceptable as a source of light during interrupted power though they need to be immediately available and charged, and an SOP for their use available.		
18.5.32	The practice has a protocol for the follow up of all surgical cases.			Protocol for surgical case follow up. 	40
18.5.33	Clients are provided with detailed written instructions on post-operative management.	Clients are kept well informed.	At discharge animals should leave with appropriate information for post-operative care provision by the client.	Post-op management instructions. 	40
18.5.34	Appropriate communication is held with the owner/keeper, prior to surgery, explaining the potential risks and complications of the procedure.		This may be evidenced by an entry on the client record or a signed consent form including these details.	Consent forms or records.	30
18.5.35	The practice carries out an audit of post-operative complications for commonly performed procedures.	Open, honest evaluations with clear actions and no barriers to feedback.	This should include an audit of surgical site infections.	Audit reports. 	20
18.5.36	Bacteriology is routinely performed in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).				20
18.5.37	Surgical laser is available and used appropriately.				10

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Annex A – Small Animal edits (with tracked changes)

18.5.38	The practice routinely uses safe surgery surgical checklists.		Further information and a case study on implementing checklists can be found on the RCVS Knowledge website: https://knowledge.rcvs.org.uk/quality-improvement/tools-and-resources/checklists/		30
18.5.39	The practice participates in benchmarking exercises.		For example, VetAUDIT complications of routine neutering or canine cruciate registry.		10
			TOTAL POINTS AVAILABLE:		790~~760~~
			OUTSTANDING:		630~~610~~
			GOOD:		470~~460~~

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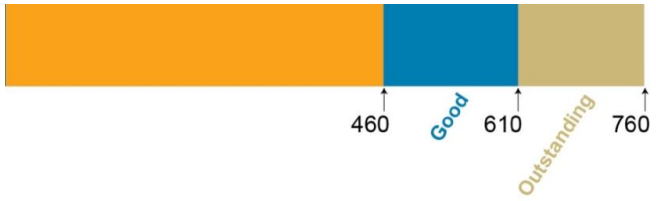

Annex A – Small Animal edits (with tracked changes)

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Point/ page number	Changes and additions
Page 9	Wording added – 'Assessors visiting practices applying for Awards will expect to see that behaviours and systems of work have been in place for at least three months and that any necessary training has occurred at least two months before the assessment.'
1.1.4	Requirement wording amended from 'A veterinary surgeon must administer general anaesthesia if the induction dose is either incremental or to effect.' to 'Only a veterinary surgeon can administer general anaesthesia if the induction dose is either incremental or to effect.'
1.1.5	Requirement added – 'If gaseous anaesthesia is used, anaesthetic circuits suitable for the range of patients routinely anaesthetised at the premises must be provided.'
1.1.6	Requirement added – 'A record must be kept of every anaesthesia procedure performed.'
1.1.7	Requirement moved from General Practice 1.2.6; wording amended from 'A range of endotracheal tubes must be available.' to 'The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a range of endotracheal tubes available for the species usually treated.'
1.1.8	Requirement moved from 1.2.9. Requirement wording amended from 'A trained team member, other than the surgeon, must be present to monitor the patient throughout the general anaesthetic.' to 'A second suitably trained person other than the surgeon must be in attendance for the specific purpose of monitoring the patient and maintaining anaesthesia (except in emergency or very short procedures e.g. cat castrate).' Guidance notes amended from '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.' to 'Monitoring a patient during anaesthesia and the recovery period is the responsibility of the veterinary surgeon, but may be carried out 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. Evidence of suitable training must be provided if the team member is not a veterinary surgeon or 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 for elective procedures that have been carried out.'
1.2.7	Requirement amended from 'At least one monitoring device must be available e.g. oesophageal stethoscope, pulse oximeter, capnograph or ECG.' to 'At least one monitoring device per anaesthetised patient must be available e.g. oesophageal stethoscope, pulse oximeter, capnograph or ECG.'
1.2.8	Guidance notes amended from 'The charts must include: - Date - Personnel involved - Induction agent - Maintenance agent - Duration of anaesthetic - Surgical procedure - Any anaesthetic complications - Vital signs - Other medication administered'

	to 'The charts must include: - Date - Personnel involved - Induction agent (dose and time) - Maintenance agent (dose and time) - Duration of anaesthetic - Surgical procedure - Any anaesthetic complications - Vital signs - Other medication administered (dose and time) This includes sedation.'
1.2.9	Requirement moved to 1.1.8.
1.2.12	Added to guidance notes '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.
1.2.13	Requirement added – 'There is an SOP outlining how anaesthetic pollutants are reduced during anaesthetic procedures.' Guidance notes 'This should include: - Ensuring active scavenging system is switched on (if present) - Flushing of circuits - Location of recovering patients and ventilation of area - Warning signs when using open masking'
1.2.14	Requirement added – 'There must be an SOP for dealing with anaesthetic emergencies.'
1.3.1	Requirement wording amended from 'A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times including out-of-hours (OOH).' to 'A veterinary surgeon, RVN or SVN, other than the surgeon, is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered, at all times including out-of-hours (OOH).'
1.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
1.5.4	Added to guidance notes '…An SOP is available for cleaning and its use is regularly audited.'
1.5.5	Added to guidance notes '…An SOP is available for cleaning and its use is regularly audited.'
1.5.13	Requirement wording amended from 'A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered from anaesthesia.' to 'A vet or RVN is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered from anaesthesia.'
1.5.20	Requirement wording amended from 'Body temperature is monitored at appropriate intervals and steps taken to maintain normal body temperature.' to 'Body temperature is monitored at appropriate intervals.' Award points amended from 30 to 10.
1.5.21	Requirement added – 'Steps are taken to maintain normal body temperature.' Award points 20.
1.5.28	Requirement added – 'A team member has undergone training in local anaesthetic techniques.' Guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' Award points 20.
1.5.29	Requirement added – 'Local anaesthetic techniques are regularly used in practice.' Documents 'Case records'. Award points 20
1.5.30	Requirement moved from 18.5.24.

2.1.1	Guidance notes amended from '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. Clinical effectiveness measures how well a particular procedure achieves the desired outcome. For practices to be clinically effective they need access to the best available evidence in order to discuss and draw up protocols, and monitor how effective they are by clinical audit and significant event reviews. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1TujSJR. Evidence-based veterinary medicine is a key focus of RCVS Knowledge; http://bit.ly/1MpqQeS. Further information on Clinical Governance can be found on the RCVS Knowledge's website: http://bit.ly/2EiJy6b. There is a useful practical guide on the BSAVA website: http://bit.ly/1J1wc99. Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.' to '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. 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. Evidence-based veterinary medicine is a key focus of RCVS Knowledge; www.rcvsknowledge.org/evidence-based-veterinary-medicine. Further information on Clinical Governance can be found on the RCVS Knowledge's website: www.rcvsknowledge.org/quality-improvement. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the RCVS Code of Professional Conduct: http://bit.ly/1TujSJR. 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. There is a useful practical guide on the BSAVA website: http://bit.ly/1J1wc99. Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.'
2.1.2	Guidance notes amended from 'Assessors will expect to see records of recent referrals or of case discussions where referral was recommended. 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: http://bit.ly/2rXiaHs' to 'There should be protocols for referral that are regularly reviewed and known to all the practice team. Assessors will expect to see records of recent referrals or of case discussions with referral practices. 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: http://bit.ly/2rXiaHs.'
2.1.3	Requirement moved from 2.5.7. Requirement wording amended from 'There is a system for updating team members on the use of all new equipment, procedures and new medicines used in the practice.' to 'There is a system for updating relevant team members on the use of all new equipment, procedures and new medicines used in the practice.'
2.2.1	Requirement wording amended from 'The practice must have a system in place for monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.' to 'The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.' Guidance notes amended from '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 governance2. A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's Tool and Resources page: http://bit.ly/1ZFWo56.' to '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: www.rcvsknowledge.org/quality-improvement.' Documents amended from 'Written evidence of regular clinical meetings, journal clubs or clinical protocols and guidelines.' to 'Written evidence of continual improvement, regular clinical meetings, journal clubs or clinical protocols and guidelines.'
2.2.2	Requirement added – 'There is evidence of either clinical audit (process or outcome), significant event audit, or M&M meetings.' Guidance notes 'The practice must engage with at least one of these.'
2.2.3	Requirement added – 'There is evidence of development of practice guidelines and protocols.'
2.2.4	Requirement moved from 2.5.6. Wording amended from 'Copies of clinical protocols/guidelines are available for new team members and locum induction.' to 'Where appropriate, copies of clinical protocols/guidelines are available for new team members and locum induction.' Guidance notes 'Consistent information is provided to all new team members. Evidence of induction records and training.' Documents 'Induction and training records.'
2.3.1	Requirement wording amended from 'Regular morbidity and mortality meetings must be held to discuss the outcome of clinical cases. There are records of meetings and changes in procedures as a consequence.' to 'Regular morbidity and mortality meetings and significant event meetings must be held to discuss the outcome of clinical cases. There are records of meetings and changes in procedures as a consequence.' Documents amended from 'Minutes of meetings.' to 'Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement.'
2.3.2	Requirement wording amended from 'Clinical procedures carried out in the practice are audited and any changes implemented as a result.' to 'Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited.' Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Audit report.' to 'Audit report and recommendations with evidence of actions.'
2.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points amended from 10 to 20.
2.5.2	Requirement wording amended from 'At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance or equivalent.' to 'At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance.
2.5.3	Requirement wording amended from 'The practice has regular clinical meetings to which all clinical team members can input items for discussion.' to 'The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care.' Documents amended from 'Minutes of meetings' to 'Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement.'

2.5.4	Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Significant event reports or meeting minutes.' to 'Significant event reports and meeting minutes.'
2.5.5	Requirement wording amended from 'Clinical protocols / guidelines are drawn up and reviewed following team discussion considering the evidence base.' to 'Clinical protocols and guidelines are drawn up and reviewed following team discussion considering the evidence base.' Behaviours amended from 'The practice reviews best practice' to 'The practice reviews current evidence to inform local practise.' Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Clinical protocols.' To 'Clinical protocols or guidelines.'
2.5.6	Requirement moved to 2.2.4.
2.5.7	Requirement moved to 2.1.3.
2.5.8	Added to guidance notes 'Support in running journal clubs is provided through RCVS Knowledge Library https://knowledge.rcvs.org.uk/document-library/setting-up-and-running-a-journal-club-in-practice/.'
2.5.9	Requirement wording amended from 'There are protocols for referral that are regularly reviewed and known to all the practice team.' to 'Information learned from referral reports is shared with the clinical team.' Removed guidance notes 'Evidence of annual review. Referral reports are shared with the team.' Removed documents 'Referral protocol.'
2.5.10	Requirement wording amended from 'Clinical procedures carried out in the practice are audited and any changes implemented as a result.' to 'Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited.' Added to guidance notes '…This could be process or outcome audit.' Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Audit reports' to 'Audit reports and actions.'
2.5.11	Full link to RCVS Knowledge's Tools and Resources page added to guidance notes.
2.5.12	Full links added to guidance notes.
2.5.13	Requirement added – 'There is an organisational commitment to continual improvement.' Guidance notes 'This should be demonstrated at the practice level. Assessors will expect to see evidence of quality improvement activities.' Documents 'Practice continual quality improvement policy.' Award points 20.
2.5.14	Requirement added – 'Information from significant event meetings is shared with the profession in order to enable learning.' Guidance notes 'This could be shared within a practice group, via RCVS Knowledge's online forum (https://knowledge.rcvs.org.uk/document-library/case-study-form/), or via VetSafe (http://www.vds-vetsafe.co.uk/login/?ReturnUrl=%2F).' Award points 10.
2.5.15	Requirement added – 'The practice contributes to the evidence base.' Guidance notes 'This could be by writing RCVS Knowledge summaries (https://www.veterinaryevidence.org/index.php/ve/about/submissions#authorGuidelines), research publications, or using BestBETS for Vets (https://bestbetsforvets.org/). Award points 10.'
2.5.16	Requirement added – 'There is a designated person in the practice responsible for overseeing clinical governance.'
2.5.17	Requirement moved from 11.5.3.

3.1.1	Guidance notes amended from 'The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business to include, for example: • Surgery opening times • Normal consulting hours operating times • Fee or charging structures • Procedures for second opinions and referrals • Use of client data • Access to and ownership of records - The practice's privacy policy notice to include, for example: • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so • The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) • The data subjects right to lodge a complaint with the Information Commissioners Office Evidence could include client information leaflets, newsletters, emails to clients and reminders. This information might be displayed on the website, provided to new clients and / or displayed in the surgery. In keeping with GDPR regulations, any electronic marketing communications presented or sent to the client should, however, only be 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 veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent. For further information please refer to: http://bit.ly/2rXiaHs' to 'The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business to include, for example: • Surgery opening times • Normal consulting hours operating times • Fee or charging structures • Procedures for second opinions and referrals • Use of client data

	• Access to and ownership of records - The practice's privacy policy notice to include, for example: • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so • The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) • The data subjects rights and any relevant information needed to lodge a complaint with the Information Commissioners Office 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. In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/). 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 veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent. For further information please refer to: http://bit.ly/2rXiaHs'
3.1.2	First paragraph of guidance notes moved to guidance notes for 3.1.1.
3.1.5	Requirement wording amended from 'Options are discussed regarding cremation, destination of ashes etc.' to 'There is a written protocol for cremation, destination of ashes etc.'
3.1.6	Requirement wording amended from 'Charges are discussed with clients.' to '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.' Added to guidance notes 'Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records. Practices should be aware of their obligations under GDPR when communicating with clients. For further information please refer to: http://bit.ly/2rXiaHs.'
3.2.2	Added to guidance notes 'Assessors will expect to speak to a cross-section of the team.'
3.2.3	Amended guidance notes from 'Pictures on notice boards, name badges, websites, newsletters.' to '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	Added to guidance notes 'More information about managing insurance claims can be found in the supporting guidance for the Code of Professional Conduct: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-

	conduct-for-veterinary-surgeons/supporting-guidance/practice-information-and-fees/. There should be a written protocol for responding to insurance claims.'
3.2.5	Guidance notes amended from 'This should be in line with guidance provided by the VDS or similar organisation.' to 'This should be in line with guidance provided by the VDS or similar organisation and should include at least: - Details of who deals with complaints in the practice - How complaints are dealt with - Timescales for responding to clients about complaints'
3.2.7	Requirement moved from 3.5.18. Guidance notes amended from 'This might be demonstrated by client feedback.' to 'There should be a written protocol and evidence of training.'
3.5.1	Requirement wording amended from 'A member of the team has undertaken training in the last four years in communication and handling difficult situations and provided internal training to the team.' to 'A member of the team has undertaken training in the last four years in communication and handling difficult situations'. Removed from guidance notes 'Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' Award points amended from 20 to 10.
3.5.3	Added to guidance notes 'Information regarding parking facilities is available on the practice's website, social media and in new client packs.'
3.5.16	Guidance notes amended from 'This could include leaflets or websites such as Our Special Friends: http://bit.ly/1TwDXKm or The Pet Loss Vet: http://bit.ly/1gD0TL9. Suggestion to include emotional support for clients and team members.' to 'This could include leaflets or websites such as Our Special Friends: http://bit.ly/1TwDXKm or The Pet Loss Vet: http://bit.ly/1gD0TL9. Client information should include details of either a practice bereavement counsellor or a local bereavement counselling service. Suggestion to include emotional support for clients and team members.'
3.5.18	Requirement moved to 3.2.7.
3.5.21	Added to guidance notes 'Assessors will check that this is covered in the terms of business.'
3.5.23	Requirement wording amended from 'Practice tours and client awareness events are encouraged and available.' to 'Practice tours are encouraged and available.' Award points TBC.
3.5.24	Requirement wording amended from 'Team members have received training on customer service within the last four years and provided internal training to the team.' to 'Team members have received training on customer service within the last four years.' Guidance notes amended from 'This does not have to be veterinary specific training. This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Evidence through team members training records that the knowledge gained from such a course has been disseminated to other staff members.' to 'This does not have to be veterinary specific training. This includes all members of the practice team, clinical and non-clinical. Within a 4 year period 50% of the team should have attended customer service training (internal or external). All new team members must attend customer service training within the initial 12 months of employment. This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points amended from 30 to 10.
3.5.27	Added to guidance notes 'The practice considers clients' suggestions and implements where practical.'

3.5.28	Requirement wording amended from 'Team members understand PSS and communicate what accreditation means to clients.' to 'Team members understand PSS.' Award points amended from 40 to 30.
3.5.29	Requirement moved to 10.5.25.
3.5.30	Requirement wording amended from 'There should be a culture of reviewing and learning from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.' to 'There should be a culture of whole team reviewing and learning together from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.' Behaviours wording amended from 'It should be evident in discussion that complaints are seen as a positive way to engage with clients. Practices that focus just on reducing or eliminating complaints do not understand the process.' to 'It should be evident in discussion that complaints are seen as a positive way to engage with clients.'
3.5.31	Requirement added – 'Team members can discuss what they have learnt from training in communication and handling difficult situations and what changes have been made to the practice as a result.' Guidance notes 'Evidence that the knowledge gained from training in communication and handling difficult situations has been disseminated to other staff members.' Award points 20.
3.5.32	Requirement added – 'The practice has a protocol for providing special assistance to clients when required.' Award points 10.
3.5.33	Requirement added – 'There is a written protocol for continuity where clinically applicable.' Award points 10.
3.5.34	Requirement added – 'The practice carries out client focus groups to monitor client perceptions and feedback.' Guidance notes 'This should be at least annually.' Award points 30.
3.5.35	Requirement added – 'There is evidence that the practice acts upon feedback from client focus groups.' Award points 10.
3.5.36	Requirement added – 'The practice has achieved a Net Promoter Score (NPS) of 80 or over in the pre-PSS assessment client questionnaire.' Award points 10.
3.5.37	Requirement added – 'Client awareness and education events are held by the practice.' Guidance notes 'A total of three events per year must be held, including at least one face to face.' Award points 30.
3.5.38	Requirement added – 'Team members can discuss what they have learnt from training in customer service and what changes have been made as a result.' Guidance notes 'Evidence that the knowledge gained from customer service training has been disseminated to other staff members.' Award points 20.
3.5.39	Requirement added – 'The practice communicates to its clients what PSS means.' Guidance notes 'Information could be provided in client welcome packs, on the practice website or on waiting room displays.' Award points 20.
3.5.40	Requirement added – 'The PSS Communications Toolkit is used by the practice to promote its Accreditations and Awards.' Guidance notes 'Assessors will expect to see examples of where the toolkit has been used in social media, advertising etc.' Award points 20.
3.5.41	Requirement added – 'Team members have attended training in consultation skills.' Guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points 10.
3.5.42	Requirement added – 'Team members can discuss what they have learnt from training in consultation skills and what changes have been made as a result.' Award points 20.
3.5.43	Requirement moved from 11.5.6. Award points amended from 30 to 10.

4.2.5	Requirement added – 'Dental instruments are sterilised.'
4.2.6	Requirement added – 'Sterile dental equipment is available for surgical extractions and used.' Guidance notes 'This would apply to any extraction that requires a gingival flap.'
4.3.2	Requirement deleted.
4.3.3	Requirement wording amended from 'Suitable facilities to obtain dental radiographs must be available and the practice must demonstrate that effective dental radiography is conducted regularly.' to 'A dedicated dental radiography machine must be available and the practice must demonstrate that effective dental radiography is conducted regularly.'
4.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
4.5.2	Removed from guidance notes 'This includes AP status or an old style Certificate.'
4.5.4	Requirement wording amended from 'The practice produces diagnostic quality dental images.' to 'The practice has a dedicated dental radiography machine and produces diagnostic quality dental radiographs.'
4.5.5	Guidance notes amended from 'Charts will be used in the majority of dental procedures.' to 'Charts will be used in all dental procedures.'
4.5.7	Requirement deleted.
4.5.14	Requirement added – 'There is a protocol for the appropriate use and removal of pharyngeal swabs.' Award points 10.
5.1.2	Added to guidance notes 'Practices must also notify the HSE if they exceed the radon threshold.'
5.1.4	Amended guidance notes from 'Assessors will ask to see the written appointment of one or more suitable RPSs. The RPS must command sufficient authority to supervise the work so that it is performed in accordance with the local rules and have an adequate understanding of the requirements of the Ionising Radiation Regulations. They must also know what to do in an emergency. HSE require any RPS to have had recent relevant radiation protection training. Assessors will expect to speak to the RPS(s) during the visit.' to 'Assessors will ask to see the written appointment of one or more suitable RPSs. 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. HSE require any RPS to have had recent relevant radiation protection training within the last 5 years. Assessors will expect to speak to the RPS(s) during the visit.'
5.1.6	Guidance notes amended from 'Local rules must be displayed in or near each X-ray room. They must contain: Name of RPS - Controlled area – when and where it exists - Dose investigation level - Contingency plan - Written arrangements - Duties of RPS - How entry to controlled area is restricted Optional: - Name, address and telephone number of RPA - Arrangements for maintenance of equipment - Dosimetry arrangements - Use, storage and inspection of Personal Protective Equipment (PPE) Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.' to 'Local rules must be displayed in or near each X-ray area. They must contain: Name of RPS - Controlled area – when and where it exists - Dose investigation level - Contingency plan - Written arrangements - Duties of RPS - How entry to controlled area is restricted Optional: - Name, address and telephone number of RPA - Arrangements for maintenance of equipment - Dosimetry arrangements - Use, storage and inspection of Personal Protective Equipment (PPE) Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.'
5.1.7	Added to guidance notes '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.'

5.1.8	Requirement wording amended from 'A copy of Guidance Notes for the Safe Use of Ionising Radiations in Veterinary Practice must be available to all members of the practice.' to '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.'
5.1.10	Guidance notes amended from 'When necessary, the practice must provide at least one protective apron with a lead equivalence throughout of not less than 0.25mm, and, if animals are ever held, must provide hand and forearm protectors with a lead equivalence of not less than 0.5mm, sufficient for all personnel involved. When not in use, aprons should be stored and transported appropriately to avoid damage. Assessors will check team members' understanding of appropriate use. PPE may not be required where a practice confirms that: - Animals are never held and - Team members are in a shielded position and can remain shielded in accessing the isolation switch - The practice provides written confirmation from their RPA that the situation is acceptable The risk assessment should be reviewed at least annually.' to '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. When not in use, aprons should be stored and transported appropriately to avoid damage. Assessors will check team members' understanding of appropriate use. PPE may not be required where a practice confirms that: - Animals are never held and - Team members are in a shielded position and can remain shielded in accessing the isolation switch - The practice provides written confirmation from their RPA that the situation is acceptable The risk assessment should be reviewed at least annually.'
5.1.14	Added to guidance notes 'If wet processing is used, an SOP should be in place.'
5.1.16	Added to guidance notes 'Personal dose monitoring arrangements should include locum vets and nurses.'
5.1.17	Added to guidance notes 'If manual restraint is used, this should be highlighted on the record.'
5.2.3	Added to guidance notes 'Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice.'
5.2.4	Added to guidance notes 'The date and L/R marker should also be included.'
5.2.6	Added to guidance notes 'The assessor will expect to see evidence that an RPA (or representative) has visited and inspected the site. All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA.'
5.2.7	Requirement added – 'There is an SOP for radiography.'
5.2.8	Requirement moved from 5.3.6.
5.3.3	Requirement wording amended from 'Measuring callipers, or other suitable devices, must be available to determine accurately the depth of the part being radiographed.' to 'Measuring callipers, or other suitable devices, must be available to determine accurately the depth of the part being radiographed, and this should be recorded.'
5.3.6	Requirement moved to 5.2.9.
5.3.9	Requirement wording amended from 'Endoscopes are provided to allow diagnostic investigation of the upper and lower digestive tract and upper airway/trachea of appropriate species.' to 'Endoscopes are provided to allow diagnostic investigation of the upper and lower digestive tract and upper airway/trachea of appropriate species, and there should be the ability to record images.' Guidance notes added 'There must be a suitable quantity and range of endoscopes for the range of species routinely treated and procedures routinely carried out.'

5.3.12	Requirement added – 'The practice must have the ability to record ultrasound images.'
5.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
5.5.5	Requirement wording amended from 'Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners.' to 'Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners in DICOM format.' Guidance notes amended from 'Email, CDs, memory sticks etc. with images in Dicom or more easily accessed formats.' to 'Email, CDs, memory sticks etc. with images in DICOM format. If the diagnostic images contain personal data of the client, it is strongly advised that they are kept secured and password-protected when sending electronically.'
5.5.22	Requirement added – 'Video endoscopes are available and used by the practice.' Award points 10.
5.5.23	Requirement added – 'The practice has access to advanced imaging facilities, such as MRI or CT scan, at the premises on a temporary basis.' Award points 20.
5.5.24	Requirement added – 'The practice has access to advanced imaging facilities, such as MRI or CT scan, at the premises on a permanent basis.' Guidance notes 'These points will be gained in addition to 5.5.23.' Award points 20.
5.5.25	Requirement added – 'The practice has the ability to record ultrasound images.' Award points 10.
5.5.26	Requirement added – 'The practice has the ability to record endoscopy.' Award points 10.
6.4.14	Guidance notes amended from 'The premises has the ability to isolate an infectious animal from all other patients. Isolation facilities must have: - Hand washing facilities - Separate air space - Ventilation that produces a negative air pressure in the facility to reduce the risk of cross infection - Separate drains to avoid cross infection. Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.' to 'The premises has the ability to isolate an infectious animal from all other patients. Isolation facilities must have: - Hand washing facilities - Separate air space – Active ventilation that reduces the risk of cross infection – Separate closed drains to avoid cross infection. Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.'
6.4.17	Guidance notes amended from 'The parameters normally expected to be monitored include pulse oximetry, capnography, continuous ECG, body temperature and blood pressure.' to 'The parameters expected to be monitored include pulse oximetry, capnography, continuous ECG, body temperature and blood pressure.'
6.4.19	Guidance notes amended from 'There must be a suitable quantity and range of endoscopes for the range of species routinely treated.' to 'There must be a suitable quantity and range of endoscopes for the range of species routinely treated and procedures routinely carried out.'
6.4.24	Requirement added – 'The practice must have a protocol for the proper transport of patients where necessary, including oxygen provision.' Guidance notes 'See Practice

	Team Module, Core Standards requirement 16.1.37 for guidance on the safe storage and transport of oxygen cylinders.'
6.4.25	Requirement added – 'The premises must have a blood gas analyser onsite.' Guidance notes 'Available during the normal opening hours of the clinic.'
6.4.26	Requirement added – 'The clinic must have a protocol in place for passing on all relevant clinical history to the primary practice at the time of transfer.' Guidance notes TBC.
6.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
6.5.3	Guidance notes amended from 'This includes AP status or an old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.' to 'This includes AP status, an old style Certificate or a diploma. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.'
6.5.13	Requirement wording amended from 'The practice has the ability to perform assisted feeding; oesophagostomy tubes and PEG (Percutaneous Endoscopic Gastrostomy) tubes.' to 'The practice has the ability to perform assisted feeding with oesophagostomy tubes.'
6.5.15	Requirement wording amended from 'The practice has the ability to perform blood transfusion cross-matching.' to 'The practice has the ability to perform blood transfusions.'
6.5.16	Requirement deleted.
6.5.33	Requirement deleted.
6.5.37	Requirement deleted.
6.5.38	Guidance notes amended from 'RECOVER guidelines: http://bit.ly/1ROm6gK.' to 'Training should follow RECOVER guidelines: http://bit.ly/1ROm6gK.'
6.5.39	Requirement wording amended from 'Team members have been trained in the use of FAST (Focused Assessment with sonography for trauma) and T-FAST (Thoracic focussed Assessment with sonography for trauma) scans.' to 'Team members have been trained in the use of Point of Care Ultrasound (POCUS) for trauma scans.' Documents amended from 'Training records FAST scans.' to 'Training records for POCUS.'
6.5.41	Behaviours amended from 'Open, honest analysis with clear actions and no barriers to feedback.' to 'Open, honest analysis with clear actions and no barriers to feedback, including a 'no blame' culture.' Added to guidance notes 'A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's website: www.rcvsknowledge.org/quality-improvement.'
6.5.42	Requirement added – 'The practice has the ability to perform assisted feeding with PEG (Percutaneous Endoscopic Gastrostomy) tubes.' Behaviours 'The practice shows evidence of appropriate use of the procedure.' Award points 10.
6.5.43	Requirement added – 'The practice has the ability to perform cross-matching.' Behaviours 'The practice shows evidence of appropriate use of the procedure.' Award points 10.
6.5.44	Requirement moved from 12.5.5. Award points amended from 50 to 30.
7.1.3	Requirement wording amended from 'For autoclaves and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.' to 'For all autoclaves, and dental compressors greater than 250

	bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.'
7.1.6	Requirement wording amended from 'Procedures must be in place to minimise cross-infection in clinical areas. Cleaning and disinfection materials must be readily available and used in all areas of the practice.' to '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.' Guidance notes amended from '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.' to 'Risk based disinfection of all areas must be done between patients. This can include floor, equipment and hand touch areas such as doors, door handles and keyboards. Risk based deep cleans should be carried out as required.' Documents amended from 'Cleaning and disinfection schedules for clinical areas.' to 'Cleaning and disinfection schedules for all areas.'
7.1.9	Guidance notes amended from 'The expectation is that each ward area will have its own sink located in the ward. Where this is impossible, and the nearest sink is located in an adjacent room, then consideration must be given as to whether the room in which the sink is located is in a 'clean' or a 'dirty' environment. As 'dirty' procedures are done in the ward area, it would generally be unsuitable for the sink or access to it to be via a clean environment. Additionally, consideration must be given to the touching of the door handles; it would not be acceptable for team members to use their hands to open a door to access a sink in the adjacent room. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.' to 'The expectation is that each ward area will have its own sink located in the ward. Where this is impossible, there must be a sink available in the adjacent ward area that can be accessed with zero hand touching points. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.'
7.1.11	Guidance notes added 'There should be an SOP for the cleaning of vehicles. A log book should be used to record when cleaning has been carried out. 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.'
7.1.13	Requirement added – 'Procedures must be in place to minimise cross-infection between patients for all equipment used.' Guidance notes 'All equipment should be cleaned before and after use, especially otoscopes if they are shared between consult rooms and / or clinicians.' Documents 'SOP for cleaning and disinfection of equipment.'
7.1.14	Requirement moved from 18.1.4.
7.2.1	Requirement wording amended from 'Written cleaning protocols for all vehicles and clinical areas of the practice are required and must be regularly audited and recorded.' to 'Written cleaning protocols for all vehicles and all areas of the practice are required and must be regularly audited and recorded.' Guidance notes amended from 'The frequency of cleaning will vary according to the clinical area and caseload.' to 'The frequency of cleaning will vary according to the area and caseload. There should be different sets of cleaning materials and colour coded mops for each area.'
7.2.2	Requirement moved from 7.5.11.
7.3.1	Guidance notes amended from 'A hospital must have the ability to isolate an infectious animal from all other patients. Isolation facilities must have: - Hand washing facilities - Separate air space

	- Ventilation that produces a negative air pressure in the facility to reduce the risk of cross infection - Separate drains to avoid cross infection Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.' to 'A hospital must have the ability to isolate an infectious animal from all other patients. Contact between infectious animals and animals receiving chemotherapy must also be avoided. Isolation facilities must have: - Hand washing facilities - Separate air space - Active ventilation that reduces the risk of cross infection - Separate closed drains to avoid cross infection Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.'
7.3.3	Requirement moved from 14.3.1.
7.3.4	Requirement added – 'Environmental swabbing of all clinical areas is carried out at least twice per year.'
7.3.5	Requirement added – 'There must be a written protocol for risk based deep cleaning of all clinical areas.'
7.5.4	Guidance notes added – 'There should be appropriate notices / signage requesting that clients use these facilities.'
7.5.11	Requirement moved to 7.2.2.
7.5.13	Guidance notes amended from 'Isolation facilities must have: - Hand washing facilities - Separate air space - Ventilation that produces a negative air pressure in the facility to reduce the risk of cross infection - Separate drains to avoid cross infection' to 'Isolation facilities must have: - Hand washing facilities - Separate air space - Active ventilation that reduces the risk of cross infection - Separate closed drains to avoid cross infection Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the

	isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.'
7.5.18	Requirement added – 'The practice has a policy in place to ensure that work wear is not worn outside of the practice and clinical areas.' Documents 'Work wear policy'. Award points TBC.
7.5.19	Requirement added – 'The practice participates in a surveillance scheme for infectious diseases.' Guidance notes 'For example, SAVSNET or VetCompass'. Award points 20.
7.5.20	Requirement added – 'The practice has a protocol in place for hand hygiene, which includes the use of World Health Organization (WHO) posters and signage at hand washing points.' Guidance notes 'Tools and resources can be downloaded from the WHO website: https://www.who.int/gpsc/5may/tools/en/.' Award points 20.
8.1.1	Guidance notes added 'The practice should demonstrate that provisions are made to ensure animal welfare where there are animals on site but no team members present.'
8.1.2	Requirement wording amended from 'The owners must be informed of the level of overnight supervision during an overnight stay.' to 'The owners must be informed in writing of the level of overnight supervision during an overnight stay.'
8.1.4	Guidance notes moved to 8.1.1.
8.1.5	Added to guidance notes 'This should include bedding for recumbent animals.'
8.1.10	Requirement added – 'Where patients are transported in practice vehicles while under the care of the veterinary surgeon, the practice has a patient transfer protocol.' Guidance notes 'The protocol should include safe handling of patients to and from vehicles (e.g. the use of double restraint leads / harnesses for dogs, cages etc), with particular consideration given to minimising the risk of escape.'
8.2.9	Added to guidance notes 'There must be kennel space available for the anticipated caseload.'
8.2.11	Requirement added – 'Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay.'
8.3.1	Requirement wording amended from 'There must be a minimum of 6 kennels or cages for the hospitalisation of patients'. - Towels, blankets or acrylic bedding materials must be provided - The kennels or cages, and their fittings, must be made of non-permeable materials so as to be easily cleaned and disinfected - Where dogs are treated there must be at least one large kennel suitable for a giant breed of dog together with a good range of smaller kennels and cages - At least one cage must be of the walk in type - There must be no overcrowding - Newspaper alone is not considered a suitable material for overnight stay patients' to 'There must be a minimum of 6 kennels or cages for the hospitalisation of patients'. - Towels, blankets or acrylic bedding materials must be provided - The kennels or cages, and their fittings, must be made of non-permeable materials so as to be easily cleaned and disinfected - Where dogs are treated there must be at least one large kennel suitable for a giant breed of dog together with a good range of smaller kennels and cages - At least one cage must be of the walk in type - Newspaper alone is not considered a suitable material for overnight stay patients'
8.3.2	Requirement wording amended from 'A person directly responsible for the nursing care of in-patients must be within the curtilage of the site at all times.' to '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.' Guidance notes amended from 'There must be residential accommodation or other arrangements so that a veterinary surgeon, veterinary nurse or an adequately trained lay team member is present on the premises 24 hours a day, every day of the year.' to '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.'
8.3.7	Guidance notes added 'Should include heat, oxygen provision, glucose provision and airway suction.'
8.3.10	Guidance notes added 'The team members should demonstrate they are trained to prepare, carry out and monitor patients undergoing transfusions. Consideration should be given to cross matching and ethical sourcing of blood, blood typing and storage of blood and blood products.'
8.3.14	Requirement added – 'There is a protocol / checklist in place to ensure that all relevant information is communicated at handover.'
8.5.16	Added to guidance notes 'If a sick patient is transported, it should be assessed by a veterinary surgeon and provision made that necessary support can be maintained during the journey e.g. oxygen or fluid therapy.'
8.5.17	Requirement wording amended from 'When animals are hospitalised overnight there is a clear protocol for regular appropriate checks, evidence that these are carried out and that there is a member of the team responsible for the care of in-patients on the premises at all times who may be required to remain awake as clinical need dictates.' to 'On every occasion that an animal is hospitalised overnight there is a clear protocol for regular appropriate checks, evidence that these are carried out and that there is a person responsible for the care of in-patients on the premises at all times who may be required to remain awake as clinical need dictates.'
8.5.18	Requirement wording amended from 'The member of the team on the premises and responsible for the overnight care of the animals is a veterinary surgeon or RVN.' to 'On every occasion that an animal is hospitalised overnight, the person on the premises and responsible for the overnight care of the animals is a veterinary surgeon or RVN.' Removed from guidance notes 'An SVN employed by the practice who is enrolled with the RCVS, is actively undergoing training and has successfully completed their first academic year is also acceptable. By 2020, only a veterinary surgeon or RVN will be acceptable.'
8.5.19	Requirement wording amended from 'When animals are kept overnight there is a veterinary surgeon or RVN responsible for the care of the animals on the premises and awake at all times when there is a patient under their care.' to 'On every occasion that an animal is hospitalised overnight there is a dedicated veterinary surgeon or RVN responsible for the care of the animals on the premises and awake at all times when there is a patient under their care.' Removed from guidance notes 'An SVN employed by the practice who is enrolled with the RCVS, is actively undergoing training and has successfully completed their first academic year is also acceptable. By 2020, only a veterinary surgeon or RVN will be acceptable.'
8.5.20	Requirement added – 'The practice must have the facility to provide close control of fluid replacement by an infusion pump or syringe driver suitable for infusion of high volumes rapidly or low volumes slowly.' Award points 10.
8.5.21	Requirement added – 'On every occasion that an animal is hospitalised overnight there is remote monitoring which is regularly checked and documented as clinical needs dictate, with the provision to attend when necessary.' Award points 10.

8.5.22	Requirement added – 'The practice is recognized as a Cat Friendly Clinic.' Guidance notes 'For further information see the Cat Friendly Clinic website: www.catfriendlyclinic.org.' Award points 10.
8.5.23	Requirement added – 'The practice is recognized on the Rabbit Friendly Vet List.' Guidance notes 'For further information see the Rabbit Friendly website: https://rabbitwelfare.co.uk/rabbit-care-advice/rabbit-friendly-vets/rabbit-friendly-vet-list/.' Award points 10.
8.5.24	Requirement added – 'The practice is certified as Fear Free.' Guidance notes 'For further information see the Fear Free website: https://fearfreepets.com/' Award points 10.
9.1.2	Requirement wording amended from 'The practice identifies specimens with: - Patient ID - Date of collection - Tests required - Method of collection if applicable' to 'The practice identifies specimens with: - Patient ID - Date of collection - Tests required - Method of collection if applicable - Location of sample - Nature of sample'
9.1.8	Requirement wording amended from 'Adequate post-mortem facilities must be available or other arrangements made. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcases or diagnostic quality examination to be performed.' to 'Adequate post-mortem facilities must be available or other arrangements made. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcases. There must be an SOP for external post-mortem examinations so that all staff know where to send specimens.'
9.1.14	Requirement wording amended from 'The practice has a log or similar tracking mechanism for samples sent to outside laboratories to ensure results are received and reviewed by a veterinary surgeon, conveyed to the client and archived.' to '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.'
9.1.17	Requirement wording amended from 'The in-house laboratory has a log or similar tracking mechanism to ensure results are received and reviewed by a veterinary surgeon and conveyed to the client.' to 'The in-house laboratory has a log or system for tracking to ensure results are received and reviewed by a veterinary surgeon and conveyed to the client.'
9.2.2	Requirement wording amended from 'Instrumentation for tests performed on the premises include: - Method of measuring PCV

	- Binocular microscope (with a range of objective lenses and light source) - Centrifuge - Refractometer - Glucometer or chemistry analyser capable of measuring blood glucose - Cytology stains - Method to measure TP' to 'Instrumentation for tests performed on the premises include: - Method of measuring PCV - Binocular microscope (with a range of objective lenses and light source) - Centrifuge - Refractometer - Glucometer or chemistry analyser capable of measuring blood glucose - Cytology stains, including gram - Method to measure TP - Urine dip stick'
9.2.3	Added to guidance notes 'This should also be undertaken for tests carried out using Point of Care (POC) devices.'
9.3.6	Requirement wording amended from 'If bacteriology is undertaken on site, adequately qualified team members must be available.' to 'If bacteriology is undertaken on site, adequately qualified team members must be available. If bacteriology is not undertaken on site, there should be evidence that samples are being regularly sent to an appropriate external laboratory.'
9.3.8	Requirement added – 'In addition to internal quality control of automated laboratory tests, external quality assurance, by internal analysis of external samples via a QA scheme, must be routinely undertaken and the results documented and acted on where necessary.' Guidance notes 'EQA is the analysis of samples by reference to an external laboratory performed by internal analysis of control reagent received from the laboratory through a QA. This should also be undertaken for tests carried out using Point of Care (POC) devices. The frequency of testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.' Documents 'Results of external EQA scheme.'
9.5.1	Requirement wording amended from 'Veterinary pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' to 'Veterinary clinical pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
9.5.3	Requirement wording amended from 'There is a nominated person in overall charge of the laboratory facilities.' to 'There is a nominated person in overall charge of the laboratory facilities and they must have completed relevant training.' Added to documents 'Evidence of relevant training.'
9.5.9	Guidance notes added 'This will include animals that have abnormal clinical presentation or abnormal analyzer results.'
9.5.15	Requirement wording amended from 'The practice carries out a regular laboratory sample technique audit.' to 'The practice carries out a regular laboratory sample technique audit. There is evidence that any unexpected or erroneus results have been re-tested.'

9.5.16	Requirement added – 'The practice has an in-house laboratory that is in a designated room, which is not used for any other purpose.' Award points 30.
9.5.17	Requirement added – 'The practice performs cytology of effusions and synovial fluids where appropriate.' Award points 10.
9.5.18	Requirement added – 'The practice has proof of validation for all automated laboratory equipment.' Guidance notes 'This would involve checking: - if there is any published (or unpublished if not) evidence that shows that the make of machine used by the practice provides accurate, reproducible results - whether there are circumstances where the make of machine might not produce accurate, reproducible results - how the make of machine compares to other machines - whether the practices own machine gives accurate, reproducible results Further guidance is available from BSAVA [insert link once available].' Award points 10.
10.1.5	Guidance notes replaced with 'See VMD guidance, Record keeping requirements for veterinary medicines: http://bit.ly/1PYL513. Records for POM-V or POM-VPS medicines must include: - The date; - The name of the veterinary medicinal product - 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) - The quantity - The name and address of the supplier or recipient - If there is a written prescription, the name and address of the person who wrote the prescription and a copy of the prescription Records must be kept for 5 years.'
10.1.6	Guidance notes amended from 'There must be proper monitoring and recording of maximum and minimum temperatures in the refrigerator and dispensary, and where temperatures have been recorded out with the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected medicines. Consideration should be given to the use of alarms to indicate when temperatures stray out of set parameters. Data loggers and maximum/minimum thermometers will provide constant monitoring. However, for those without an alarm to warn of temperature deviations, and for maximum/minimum thermometers, checks are required to be made daily and assessors will ask to see written records, produced on a weekly basis, showing the results for the week. If maximum and minimum temperature recordings are being taken wherever medicines are stored it is not necessary to take additional recordings of ambient temperatures. Ideally temperature sensitive medicines should only be taken out on vehicles on a "by use" basis, but whether being stored or transported, measures should be taken to ensure that products remain within the temperature range specified on their SPC e.g. by use of a cool box or refrigerated unit. The suitability of such measures should be demonstrated.' to '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. 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. 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.'
10.1.7	Guidance notes amended from 'Medicines should be checked on a regular basis to ensure they are within the specific time period.' to '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.'
10.1.8	Guidance notes replaced with 'Records of products administered to food-producing animals by a veterinary surgeon: A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter: - Name of the veterinary surgeon - Name of the product and the batch number - Date of administration of the product - Amount of product administered - Identification of the animals treated - Withdrawal period Records of products administered to food-producing animals under the Cascade: A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record: - Date of examination of the animal(s) - Name and address of the owner of the animal(s) - Identification and number of animals treated - Result of the veterinary surgeon's clinical assessment - Trade name of the product if there is one - Manufacturer's batch number shown on the product, if there is one - Name and quantity of the active substances - Doses administered or supplied - Duration of treatment - Withdrawal period When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual animal's number.'
10.1.12	Guidance notes amended from 'Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbabitone. Drugs must be kept under safe custody (locked secure cabinet), except quinalbarbitone. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this Act can lead to prosecution. Schedule 3: Includes tramadol, buprenorphine, pentazocine, the barbiturates 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. Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol. Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: http://bit.ly/1KYuc7h' to 'Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbabitone. Drugs must be kept under safe custody (locked secure cabinet), except quinalbarbitone. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this Act can lead to prosecution. Schedule 3: Includes tramadol, buprenorphine, pentazocine, 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. Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol. Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: http://bit.ly/1KYuc7h'
10.1.16	Added to guidance notes 'Copies of written prescription forms must be available for the assessor to view.'
10.1.19	Requirement deleted.
10.1.20	Guidance notes amended from 'Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine. POM-V: All POM-V medicines supplied by the practice must be labelled with the following information: - The name and address of the animal owner - The name and address of the veterinary practice supplying the medicine - The date of supply - The words "keep out of the reach of children" - The words "for animal treatment only" unless the package or container is too small for it to be practicable to do so - The words "for external use only" for topical preparations

	- The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: - Identification of the animal or group of animals - Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual And unless already specified on the manufacturer's packaging: - Any special precautions - The expiry date - Any necessary warnings for the user, target species, administration or disposal of the product A specified withdrawal period' to 'Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine. POM-V: All POM-V medicines supplied by the practice must be labelled with the following information: - The name and address of the animal owner - The name and address of the veterinary practice supplying the medicine - The date of supply - The words "keep out of the reach of children" - The words "for animal treatment only" unless the package or container is too small for it to be practicable to do so - The words "for external use only" for topical preparations - The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: - Identification (including species) of the animal or group of animals - Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual And unless already specified on the manufacturer's packaging: - Any special precautions - The expiry date - Any necessary warnings for the user, target species, administration or disposal of the product A specified withdrawal period'

10.2.1	Requirement moved from 10.3.2.
10.2.2	Requirement added – 'All team members involved in dispensing medication must be trained and there must be protocols in place, including systems to reduce errors.' Guidance notes 'Training can be internal by means of SOPs. Systems to reduce errors should include double checking systems for dispensed medicines.'
10.2.3	Requirement added – 'A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones and 3rd and 4th 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.' Guidance notes '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. 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. 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. Information on the antimicrobials contained within the group HP-CIA can be found on http://bit.ly/2q0JCmU. See BSAVA PROTECT ME (https://www.bsavalibrary.com/content/book/10.22233/9781910443644) and BVA (https://www.bva.co.uk/News-campaigns-and-policy/Policy/Medicines/Antimicrobials/) guidelines on the responsible use of antimicrobials.'
10.2.4	Requirement moved from 10.5.20.
10.2.5	Requirement moved from 10.5.21.
10.2.6	Requirement moved from 10.5.22.
10.3.2	Requirement moved to 10.2.1.
10.5.20	Requirement moved to 10.2.4.
10.5.21	Requirement moved to 10.2.5.
10.5.22	Requirement moved to 10.2.6.
10.5.25	Requirement moved from 3.5.29.
10.5.26	Requirement added – 'The practice communicates to its clients how repeat prescriptions are ordered and dispensed.' Award points 10.
10.5.27	Requirement added – 'The practice has appointed an antibiotic guardian(s) to oversee the appropriate use of HP-CIAs and adherence to the written policy on the prescription of these.' Guidance notes 'The antibiotic guardian(s) should be appointed in writing and there should be a list of their duties.' Award points 30.
10.5.28	Requirement added – 'The practice has systems in place to monitor the appropriate use of HP-CIAs.' Guidance notes 'This could include via SAVSNET (https://www.liverpool.ac.uk/savsnet/about/).' Award points 20.
11.1.1	Guidance notes amended from 'The General Data Protection Regulations (GDPR), will be implemented in the UK on 25 May 2018 and will replace existing data protection legislation, the Data Protection Act 1998 (DPA). 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. General guidance can be found on the RCVS website at: http://bit.ly/2IBYIKX. 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: http://bit.ly/2rXiaHs. 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 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. Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt http://bit.ly/2ke4QKz), 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.' to 'See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/. 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.'GDPR - RCVS information and Q&As' can be downloaded from the RCVS website at: http://bit.ly/2IBYIKX. 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: http://bit.ly/2rXiaHs. 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 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. Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt http://bit.ly/2ke4QKz), 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.'
11.1.2	Requirement wording amended from 'Where appropriate, records must be maintained for each animal or group. There must be adequate back-up for computerised records.' to 'Records must be maintained for each animal or group. There must be adequate back-up for computerised records.'

11.1.3	Added to guidance notes '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 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. 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.'
11.1.4	Requirement wording amended from 'Before any diagnostic or surgical procedure is performed on an animal, informed consent must be sought.' to 'Before any diagnostic or surgical procedure is performed on an animal, informed consent must be obtained.' Guidance notes amended from 'Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable treatment options (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. Further guidance on informed consent is available from the RCVS website: http://bit.ly/2qVzqfG. It is recognised that in an emergency it may be necessary to perform procedures without prior consent.' to '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. Further guidance on informed consent is available from the RCVS website: http://bit.ly/2qVzqfG. It is recognised that in an emergency it may be necessary to perform procedures without prior consent.'
11.1.5	Guidance notes amended from 'Discussion should take place with the client covering a range of 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. 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.' to '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. 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.'

11.1.7	See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/.'
11.1.9	Guidance notes amended from 'When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. Even where two veterinary surgeons are treating different groups of animals owned by the same client, it is still advisable for each to keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1LaRCay.' to 'When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. Even where two veterinary surgeons are treating different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1LaRCay.'
11.2.1	Guidance notes amended from 'Consent follows from discussions with the client. This applies to animals seen at the owner's premises or at the practice. If treatment changes during the course of investigation, telephone consent is allowed, but should be recorded in the clinical records.' to 'Consent follows from discussions with the client. If treatment changes during the course of investigation, telephone consent is allowed, but should be recorded in the clinical records.'
11.2.2	Requirement deleted.
11.2.5	Requirement added – 'Signed consent forms are usually required for all procedures when an animal is seen at the owners premises. This will include diagnostic treatment, anaesthesia and euthanasia.' Guidance notes 'Consent follows from discussions with the client.' Documents 'Signed consent forms.'
11.2.6	Requirement added – 'Written discharge instructions are routinely handed to clients on discharge of all hospitalised patients.' Guidance notes 'These should include at least: - Details of medication -Instructions for feeding - Instructions for exercise - Information about repeat appointments - Details of out of hours arrangements See the BSAVA website for template written discharge instructions: [link to follow]'
11.2.7	Requirement moved from 11.5.1.
11.2.8	Requirement moved from 11.5.7.
11.2.9	Requirement moved from 11.5.8.
11.3.3	Requirement added – 'The practice must audit the back-up for computerised records to ensure that it is adequate.' Documents 'Audit report.'
11.3.4	Requirement moved from 11.5.5.

11.5.1	Requirement moved to 11.2.7.
11.5.2	Requirement deleted.
11.5.3	Requirement moved to 2.5.17.
11.5.4	Requirement deleted.
11.5.5	Requirement moved to 11.3.4.
11.5.6	Requirement moved to 3.5.43.
11.5.7	Requirement moved to 11.2.8.
11.5.8	Requirement moved to 11.2.9.
12.2.1	Requirement moved from 12.3.1. Guidance notes amended from 'The RVN's primary role is the responsibility for the nursing and clinical care of the clinic's patients. Team members' schedules/rotas will provide evidence. It is an intention for the future that Veterinary Hospitals have a RVN onsite for all normal opening hours.' to 'The RVN's primary role is the responsibility for the nursing and clinical care of the clinic's patients. Team members' schedules/rotas will provide evidence. If the RVN(s) leave the employment of the practice so that the practice is not fulfilling this requirement, the PSS accreditation can be retained as long as the practice is actively recruiting a replacement RVN.'
12.3.1	Requirement moved to 12.2.1.
12.3.4	Requirement wording amended from 'All animals (non-routine) have a nursing plan.' to 'All animals have a nursing plan.' Added to guidance notes 'For routine procedures standardised plans are acceptable.'
12.3.5	Requirement added – 'There must be an RVN onsite for all normal opening hours.' Guidance notes 'Team members' schedule rotas will provide evidence.'
12.5.1	Award points amended from 70 to 40.
12.5.2	Requirement wording amended from 'One or more RVN(s) has additional relevant qualifications.' to 'One or more RVN(s) has additional relevant certifications.' Documents amended from 'Evidence of qualification.' to 'Evidence of certification.'
12.5.5	Requirement moved to 6.5.44.
12.5.6	Requirement wording amended from 'The nursing team is involved in the regular practice clinical meetings/ clinical clubs.' to 'The nursing team is involved in the regular practice clinical meetings and management meetings to ensure inter-professional practice.' Documents amended from 'Minutes of most recent nursing team meeting.' to 'Minutes of most recent clinical and management meeting.' Award points amended from 20 to 30.
12.5.9	Requirement added – 'There is a 1:1 ratio of RVNs to veterinary surgeons.' Guidance notes 'This must be on a Full Time Equivalent (FTE) basis.'
12.5.10	Requirement added – 'There must be a CPD plan for the nursing team.' Guidance notes 'CPD should be specific to job requirements of the nursing team.' Documents 'CPD plan for nursing team.' Award points 30.
12.5.11	Requirement added – 'The practice is a nurse training practice.' Guidance notes 'Practices would be expected to have at least one student veterinary nurse in training within the previous 12 months.' Award points 40.
13.1.1	Requirement wording amended from 'Practices must take steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours.' to '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.'
14.1.3	Guidance notes amended from 'See Infection Control Module, Core Standards Requirement 7.1.1 regarding biosecurity policy and BVA Good practice guide to handling

	veterinary waste: http://bit.ly/1WfH1P6' to 'See Infection Control Module, Core Standards Requirement 7.1.1 regarding biosecurity policy and Practice Team Module, Core Standards requirement 16.1.33 regarding waste management. See also BVA Good practice guide to handling veterinary waste: http://bit.ly/1WfH1P6'
14.1.6	Requirement deleted.
14.1.11	Requirement moved from 14.2.3.
14.1.12	Requirement added – 'All vehicles routinely used for clinical work must contain a clinical waste area and sharps bin.'
14.1.13	Requirement added – 'The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a range of endotracheal tubes available for the species usually treated.'
14.2.1	Guidance notes amended from 'Could be an X-ray viewer or computer.' to 'A laptop, mobile X-ray viewer, digital display screen or hard copy showing real size images would be acceptable.'
14.2.3	Requirement moved to 14.1.11.
14.3.1	Requirement moved to 7.3.3.
14.5.1	Requirement wording amended from 'CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' to 'Relevant CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
14.5.18	Requirement wording amended from 'A written parasite control policy is utilised in the practice.' to 'A written parasite control policy is utilised in the practice. This should cover both ecto- and endo-parasites and training must include reception staff.'
14.5.32	Requirement added – 'The practice is recognized as a Cat Friendly Clinic.' Guidance notes 'For further information see the Cat Friendly Clinic website: www.catfriendlyclinic.org.' Award points 10.
14.5.33	Requirement added – 'The practice is recognized on the Rabbit Friendly Vet List.' Guidance notes 'For further information see the Rabbit Friendly website: https://rabbitwelfare.co.uk/rabbit-care-advice/rabbit-friendly-vets/rabbit-friendly-vet-list/.' Award points 10.
14.5.34	Requirement added – 'The practice is certified as Fear Free.' Guidance notes 'For further information see the Fear Free website: https://fearfreepets.com/' Award points 10.
Module 15	Module heading amended from 'Pain Management' to 'Pain Management and Welfare'
15.2.1	Requirement added – 'Pain is routinely assessed using a recognized pain scoring system and appropriate analgesia is provided.' Award points TBC.
15.2.2	Requirement moved from 15.5.7.
15.2.3	Requirement moved from 15.5.8.
15.2.4	Requirement moved from 15.5.9.
15.2.5	Requirement moved from 15.5.10.
15.3.1	Requirement duplicated from 15.5.2.
15.3.2	Requirement duplicated from 15.5.3.
15.3.3	Requirement duplicated from 15.5.4.
15.3.4	Requirement duplicated from 15.5.5.
15.3.5	Requirement duplicated from 15.5.6.

15.5.7	Requirement moved to 15.2.2. Added to guidance notes 'There should be protocols for pain management in specific circumstances e.g. orthopaedic surgery.' Award points amended from 20 to 40.
15.5.8	Requirement moved to 15.2.3.
15.5.9	Requirement moved to 15.2.4.
15.5.10	Requirement moved to 15.2.5.
15.5.13	Guidance notes added 'This must include the use of full mu-agonists when appropriate.'
15.5.14	Requirement added – 'Local and regional anaesthesia is routinely used by the practice.' Award points 20.
15.5.15	Requirement added – 'Constant rate infusions (CRIs) of analgesic drugs are used.' Guidance notes 'Evidence should be provided through clinical records.' Award points 20.
15.5.16	Requirement added – 'Epidural administration of morphine / opioids is used in appropriate cases.' Award points 20.
16.1.8	Guidance notes amended from 'Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. Practices are encouraged to submit this on the official RCVS record card or online. 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. For veterinary surgeons, the minimum requirement is 105 hours over three years (an average of 35 hours per year). For registered veterinary nurses the requirement is 45 hours over three years. The practice team includes full-time and part-time employees, as well as locums and others supplying veterinary services on a regular or 'ad hoc' basis. New graduates are expected to complete PDP. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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.' to '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). 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. 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. New graduates are expected to complete PDP. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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.'

16.1.10	Guidance notes amended from 'Team members can explain how the policies are implemented.' to 'See the Government's guidance on the Equality Act: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions). The practice should demonstrate a commitment to diversity and that is has taken steps, where possible, to recruit a diverse workforce. The practice should demonstrate a zero tolerance approach to discrimination and harassment. 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.''
16.1.12	Guidance notes amended from 'Assessors will check the poster is completed and displayed.' to 'Assessors will check the poster is completed and displayed. Alternatively, team members may be provided with the equivalent leaflet.'
16.1.13	Guidance notes amended from 'All team members should be able to describe their own and their employer's responsibilities with regard to working safely. The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably 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: - A statement of general policy - Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments - Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary. The law applies when people are at work so will also apply to farm/equine practitioners working mainly from vehicles but also from home, and where locums are used. Employers have duties to ensure the health and safety of their employees and this includes situations where work is carried out at, or from, home. Veterinary surgeons who are self-employed also have duties towards their own health and safety and that of third parties (e.g. their family/locum) therefore, health and safety requirements do apply in this situation. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.' to 'The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably 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: - A statement of general policy - Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments - Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary. See the HSE website for guidance on writing a health and safety policy: http://www.hse.gov.uk/simple-health-safety/policy/index.htm. 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. These duties extend to: - Workers who work from home and mobile workers (eg farm vets, mobile practices) - Members of the public – clients, contractors, work experience, visitors - Temporary workers (eg locums). - 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 eg ECC shared with daytime, grooming business with vets) - Advice on Self employed persons - http://www.hse.gov.uk/self-employed/what-the-law-says.htm'

16.1.14	Guidance notes amended from 'People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. For example a fire officer, H&S rep/officer, first aiders, radiation protection supervisor (and RPA), area safety officers (if applicable). The practice must have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. A fire risk assessment must have been drawn up. 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.' to 'People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. This may include: - A Fire officer - First aiders and/or appointed persons - A Radiation protection supervisor (and RPA) - An Employee safety representative - Area safety officers
16.1.15	Guidance notes amended from 'People can describe how they have been consulted about their safety at work and can describe how they would raise any concerns they have day to day. Consulting employees on health and safety matters is a legal requirement, and is more than simply having health and safety documents on site for team members to refer to and is very important in creating and maintaining a safe and healthy working environment. Any change which may substantially affect their health and safety at work i.e. in procedures, equipment or ways of working, must be communicated to the team, highlighting any dangers. Team meeting minutes evidence discussion around H&S policy.' to '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. 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: http://www.hse.gov.uk/simple-health-safety/consult.htm. 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. Evidence of this may include team meeting minutes relating to health and safety, safety reporting systems and / or improvement ideas.'
16.1.16	Requirement wording amended from – 'The practice has carried out risk assessments in all areas of activity and has recorded the significant findings of these risk assessments.' to 'The practice has carried out risk assessments in all areas of activity.' Guidance notes amended from 'Safety officer(s) can describe how they carried out their risk assessments and how these have informed the practice's standard procedures. If more than five people are employed, copies of the findings from the risk assessments should be available in the practice and regular review should be evidenced. Assessors will be verifying that the principles of risk assessment are understood and that risk has been addressed, they will not be examining individual risk assessments. Practices are referred to the HSE for detailed guidance: http://bit.ly/1Erkpjx Activities/work areas to be considered would include both physical and psychological health, for example: - Cleanliness/tidiness - Disinfection - Handling and restraint of animals (including their use on farm facilities) - Manual handling and lifting of weights (with particular reference to aids for moving) - Heavy/paraplegic animals - Slips/trips/falls - Veterinary medicines/pharmaceuticals - Anaesthetic gases - Injection procedures (risk of self-injection) - Risk to pregnant workers - Risk of work related stress - Proper use of work equipment

- Display screen equipment
- Office electrical equipment
- Portable electrical appliances
- Dental machine
- Liquid nitrogen
- Imaging equipment
- Anaesthetic equipment
- Laboratory equipment
- Laboratory procedures
- Dental procedures using mechanical scaling
- Security of team members, including provisions for lone/night working
- Dealing with members of the public
- Personal protective equipment
- First aid, recording and reporting of accidents
- Disposal of sharps, clinical, pharmaceutical, chemical and other waste (including safe handling of spillages/leakages, broken and unwanted containers)
- Infectious disease/biological agents
- Zoonoses (e.g. fungal, ringworm; bacterial, salmonella; and viral, bird flu)
- Working at height
- Water supplies/air-conditioning maintenance
- Transport and storage and use of gas cylinders
- Vehicles and driving for work
- Employment of young persons (under 18 years of age)
- Whether the practice premises does, or is liable to contain asbestos, any risk arising there from and action taken to manage risk, may be required (Control of Asbestos at Work Regulations 2002 and 2006)

Stored pressurised gas cylinders must be kept securely outside the building unless authorised by a fire officer. Stocks of explosives or inflammable agents must be stored in locked metal cupboards.

Best practice is to store cylinders of oxygen and flammable gases outside in the open air, which allows vapours to be dispersed effectively.

Storage outside should be secure. If storage has to be located within a building, an adequate level of ventilation should be provided either by mechanical ventilation or the presence of a sufficient size and number of permanent openings.

Flammable gases, such as LPG, if stored inside, may only be stored in purpose-built compartments or buildings with fire-resistant walls and explosion relief. Only limited quantities should be stored and should not be placed under stairs, near waiting rooms or compressors. Risk assessments should be undertaken to take into account compatibility of substances stored and the suitability of the arrangements made.'

to

'Risk assessments are a legal requirement. They should be recorded if five or more people are employed.

Risk assessments must

- Identify the hazards
- Decide who might be harmed and how
- Evaluate the risks and decide on precautions
- Record significant findings
- Be reviewed and updated as necessary

See the HSE guidance on risk management: http://www.hse.gov.uk/risk/index.htm

	Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities. Third parties should be considered, for example members of the public, contractors etc. If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses.'
16.1.17	Guidance notes amended from 'Team members can describe how they use standard procedures to maintain a safe working environment, and how and where these are recorded and reviewed. Standard procedures may be recorded in a team member or practice manual, in area references or in aide-memoirs around the practice. They should be up-to-date and easily accessible.' to 'Team members can describe how they access standard procedures to maintain a safe working environment. All team members should be able to describe their own and their employer's responsibilities with regard to working safely.'
16.1.18	Requirement wording amended from 'The practice must have undertaken a thorough assessment of the risks arising from the use of veterinary medicines and substances hazardous to health within the practice.' to '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.' Guidance notes amended from 'The risk to health and safety from veterinary medicines and other substances has to be assessed under the Control Of Substances Hazardous to Health Regulations 2002 (COSHH). There is wide variation in risk, many are low to medium risk but there are some substances in veterinary practice, which pose a very serious risk to health. Implementing measures to control the exposure to low or medium risk substances can be adequately achieved when they are assessed by their therapeutic group/type/route of administration etc. The practice can set out standard measures to control exposures, for example: - Injectable anaesthetics - Pour-on anthelmintics - Steroidal compounds - Antibiotics Within these groups, practices must identify any specific medicines or substances that could have longer-term health risks, such as allergies e.g. penicillin, or sensitivities e.g. latex. Specific and detailed assessments and the resulting measures to control exposure must be made for high-risk substances such as: - Any hormones - Oil-based vaccines - Gluteraldehyde disinfectants - Cytotoxic drugs It should be noted that the lists mentioned are not exhaustive and practices should consider their own individual medicine/substance usage. Safety data-sheets are not legally required for veterinary medicines and many medicine companies do not produce them. Practices should therefore ensure that they have access to the current version of either the Summary of Products Characteristics (SPC) or a data-sheet for each authorised medicine used or stored in the practice. Copies of the

	current NOAH Compendium of Data Sheets are acceptable to fulfil this requirement for those medicine companies that participate. See http://bit.ly/1Pc2D9A (for veterinary SPC) and http://bit.ly/1INlaaB (for non-veterinary SPCs).' to '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: - Finding out what the health hazards are - deciding how to prevent harm to health (risk assessment) - Providing control measures to reduce harm to health - Making sure they are used - Keeping all control measures in good working order - Providing information, instruction and training for employees and others - Providing monitoring and health surveillance in appropriate cases e.g. anaesthetic gas monitoring - Planning for emergencies. Examples of substances hazardous to health include: - Veterinary medicines – low risk can be grouped together e.g. antibiotics, high risk should be assessed specifically e.g. carcinogenic substances - Cleaning products - Agents that can cause allergies e.g. latex, penicillin - Infectious agents e.g. bacteria, viruses - Substances e.g. dust 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. See the HSE guidance on COSHH: http://www.hse.gov.uk/coshh/'
16.1.19	Guidance notes amended from 'Evidence of 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. Frequency of servicing is determined by the manufacturer or a competent person's recommendation.' to '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. Frequency of servicing is determined by the manufacturer or a competent person's recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.'
16.1.20	Added to guidance notes 'This information should be displayed in the practice.'
16.1.21	Guidance notes amended from 'The written programme containing the findings of the risk assessment, together with: evidence of inspection of the electrical installation by a competent person and PAT testing and visual inspection records will be required. For the electrical installation in the building, the frequency of the inspection (by a competent person) should be as directed by that competent person. For portable electrical equipment, cables and leads, formal visual inspection and testing are considered. Advice

	should be sought from a competent person regarding the appropriate frequency for these as this will depend upon the individual circumstances of a practice. Equipment should be labelled with the date of inspection, or a database kept. Failed equipment must not be used and repaired equipment must be tested before use. Residual Current Devices are required for any equipment used in wet conditions. Assessors will ask to see PAT testing and visual inspection records.' to 'The written programme containing the findings of the risk assessment, together with: - Evidence of inspection of the electrical installation by a competent person (frequency dictated by competent person) - 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) - Failed or damaged equipment must be identified clearly and removed from use. See the HSE guidance on electrical safety at work: http://www.hse.gov.uk/electricity/index.htm'
16.1.23	Guidance notes added – 'Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training. Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.'
16.1.25	Guidance notes amended from 'The fire officer can explain how regular reviews of practice fire safety are carried out. Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. A fire log book or other records should be used to record testing and servicing of fire alarms (if present), emergency lighting and call points, and team members training and evacuation procedures. A premises checklist may be useful.' to 'Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. A premises checklist may be useful.'
16.1.26	Requirement wording amended from 'There must be regular maintenance of fire alarms and equipment and regular fire practice evacuations.' to 'There must be regular maintenance of fire alarms and equipment.' Guidance notes amended from 'Fire log in place which records: tests of alarms and equipment, evacuation drills and evidence of regular maintenance.' to 'There should be a Fire log, or similar recording, in place detailing: -Tests of alarms and equipment – Servicing -Emergency lighting - Call point testing - Regular maintenance. A schedule of regular workplace inspections (premises checklist) may be useful. Documents amended from 'Maintenance log for fire alarm, equipment and fire drills.' to 'Fire log.'
16.1.27	Requirement wording amended from 'The practice must have performed a fire risk assessment.' to 'The practice must have performed a fire risk assessment and regular fire practice evacuations.' Guidance notes amended from 'The risk assessment should be regularly reviewed. Where gas/oxygen cylinders are being transported in practice vehicles, a 2kg dry powder fire extinguisher is required in the vehicle. Evidence should be provided of suitable hazard training.' to 'Employers (and / or building owners or occupiers) must carry out a fire safety risk assessment and keep it up to date. 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. 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: http://www.hse.gov.uk/toolbox/fire.htm. The practice must also have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. 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.'
16.1.29	Requirement wording amended from 'There must be an appointed person to take charge should someone fall ill or be injured, and to restock the first aid box. A second person

	must be appointed to take charge if the first appointee is off duty.' to 'A first aid needs assessment should be carried out.' Guidance notes amended from 'An 'appointed person' is an individual nominated by their employer to take charge when someone is injured or falls ill. Their responsibilities include looking after the first aid equipment e.g. restocking the first aid box and calling an ambulance. Appointed persons should not administer first aid unless trained to do so. Note: nomination of an appointed person is a minimum requirement, but practices should consider if an appointment of more than one person is necessary or if a first aider should be appointed. A first aider is someone who has undergone a training course in administering first aid and holds a current first aid at work certificate (these are time-limited to three years). A first aider can undertake the duties of an appointed person. For further guidance, see HSE leaflet INDG214: http://bit.ly/1N79ZO1. The appointed persons can describe how they have been prepared for their responsibilities which may just be stocking the first box and calling an ambulance.' to 'The assessment should consider: - The workplace - The team - The hazards present The assessment will help you to decide whether you need: - Appointed person(s) - First aider(s) – level of training identified by the needs assessment e.g. emergency first aid There must always be someone available to take charge of the first aid arrangements, namely: - Looking after the equipment and facilities - Calling the emergency services when required Arrangements should be made for an appointed person to be available to undertake these duties at all times when people are at work. Documents amended from 'List of appointed persons for first aid and evidence of training of appointed persons for first aid.' to 'First aid needs assessment. List of appointed person and / or trained first aiders. Evidence of any training undertaken.'
16.1.30	Guidance notes amended from 'The team members know the location of such items.' to 'This includes for practice vehicles. 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.'
16.1.31	Requirement wording amended from 'The practice must have an accident book.' to 'The practice must have an accident book, or equivalent electronic version.' Guidance notes amended from 'Team members should know where and how to complete an accident record and what to do with the form. Completed forms should be stored securely. An accident book is required by law and must meet the requirements of the Data Protection Act. It must record the following: - Date and time of accident or occurrence - Full name and address of the person involved and the injury or condition suffered - Where the accident or occurrence happened - A brief description of the circumstances - In the case of a notifiable disease; The date of diagnosis, The occupation of the person concerned and the name or nature of the disease Records should be removed and stored securely and information kept for at least three years.' to 'Team members should know where and how to complete an accident record and what to do with the form. 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. 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. Accident forms should be audited regularly.'
16.1.32	Guidance notes amended from 'Managers or first aid appointees can explain how they should report under RIDDOR and the criteria to look for. Online reporting under RIDDOR is available here: http://bit.ly/1DPy0qc' to 'Responsible persons can explain how they should report under RIDDOR. Further information is available at: http://www.hse.gov.uk/pubns/indg453.pdf'
16.1.33	Guidance notes amended from 'The current waste audit should be available and team members should be able to describe how they handle different forms of waste. Adequate waste receptacles should be used to allow immediate disposal of hazardous items. Full containers should be stored in hygienic conditions and be clearly identified. Hazardous

	waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. Assessors will ask to see evidence of: - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years) For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: http://bit.ly/1WfH1P6. However, local variations exist and practices should consult the Environment Agency or their own local waste management authority for information. Non-hazardous (non-special) waste must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.' to 'Team training: -Team members should be able to describe how they handle different forms of waste Storage: -Adequate waste receptacles should be used to allow immediate disposal of hazardous item -Full containers should be stored in hygienic conditions and be clearly identified -Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor Assessors will ask to see evidence of: -The current waste audit should be available -A contract with a permitted waste contractor(s) -Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales -Waste transfer notes (which should be stored for two years). 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: http://bit.ly/1WfH1P6. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information.
16.1.34	Requirement deleted.
16.1.35	Requirement wording amended from 'Where firearms are stored on the premises and / or used in the course of practice business firearms certificates must be shown.' to '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.'
16.1.36	Guidance notes amended from 'Assessors will ask to see evidence of a contract with a permitted waste contractor(s).' to 'There should be temperature controlled storage on site or daily uplift by a waste contractor, or there should be a protocol for transferring cadavers to the main surgery within 24 hours, including at weekends. Assessors will ask to see evidence of a contract with a permitted waste contractor(s).'
16.1.37	Requirement added – 'Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services. Guidance notes 'Cylinders should be stored according to the following requirements: -Must be stored under cover, preferably outside -Adequate ventilation is required -They should be clean, dry and protected from extremes of temperature -Secured to prevent falling or misuse (either horizontal racks or > E size vertical with holder) -Sited away from any sources of heat or ignition -Different types of gas should be separated within the store A trolley is recommended for any movement within the practice. 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. 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. All personnel handling compressed medical oxygen cylinders should have adequate knowledge of: -The properties of the gas used -The correct

	operating procedures for the cylinder -Precautions and actions to be taken in the event of an emergency. Documents 'Risk assessment for storage and transport / movement of medical gas cylinders. Evidence of team training. SOP / practice guidelines relating to storage, handling and maintenance and safe use of medical gases.'
16.1.38	Requirement added – '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.' Guidance notes 'Control measures should include: -Protective clothing - Eye protection specific to the equipment used, Gloves and coveralls (surgical lasers only) -A designated treatment room (laser controlled area). This should have - Restricted access, Clear signage, Blinds on windows and door portholes -Means to prevent nearby workers and third parties being injured by the AOR. -Provision of medical examination if workers are over exposed. It may be helpful to appoint a Laser Protection Supervisor. A log of AOR usage is recommended.' Documents 'Risk assessment (including an exposure limit value). Evidence of review of risk assessment (to ensure all necessary controls are in place). Training records for all team members involved in the procedure. Procedure / SOP for AOR use (specific to the clinic).'
16.1.39	Requirement added – 'The practice must assess whether or not it is in a radon affected area.' Guidance notes 'This is required for all practices, regardless of whether or not diagnostic imaging is used. 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 (above the UK Action Level of 200 Bq m^{-3}), remedial action should be taken. See the Public Health England (PHE) UKradon website for further information and to request a radon address search: https://www.ukradon.org.'
16.1.40	Requirement added – '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.' Guidance notes 'Mental health is explicitly addressed within practice policies e.g. H&S, Sickness and Absence etc. Information about mental health support is made available to all team members e.g. posters, intranet, employee handbook, flyers etc. 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. This should include team members being encouraged to use their annual leave entitlements. Team members can describe the measures in place to support them at work in the event of a mental health issue (e.g. group reflective practice). 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. 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: https://www.gov.uk/guidance/equality-act-2010-guidance. The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), NHS, vetlife (https://www.vetlife.org.uk/), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (https://www.vetmindmatters.org/).'
16.2.1	Added to guidance notes 'As part of this, at least one member of the practice team should undertake one day of mental health awareness training.'

16.2.5	Requirement added – 'There are written records to show that regular reviews are held with clinical team members to support them to plan their professional development.'
16.2.6	Requirement added – 'Mental health and wellbeing is embedded in induction training for new starters.'
16.2.7	Requirement added – 'The practice displays information and resources on mental health and wellbeing e.g. Samaritans, Mind Matters, Vetlife.'
16.2.8	Requirement added – 'The practice has a written policy on physical and mental health and wellbeing which is made available to all team members.'
16.2.9	Requirement added – 'The practice offers a phased return to team members who have been on long-term sick leave.'
16.2.10	Requirement added – 'Line managers should also have clear guidance on how to deal with mental health issues in the workplace.' Guidance notes '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. 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: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. Managers can describe where they would seek additional advice and guidance on issues around mental health. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), HSE (https://www.hse.gov.uk/stress/assets/docs/manage-mental-health.pdf), and the RCVS Mind Matters Initiative Managers' training.
16.2.11	Requirement added – 'The practice has a sustainability policy.' Guidance notes 'This should include a recycling and waste reduction plan.'
16.3.2	Requirement added – 'The hospital must have at least two team members with a post-graduate qualification with a small animal component. One of the post-graduate qualifications must have a small animal surgery component.'
16.5.1	Guidance notes amended from 'This might include an external course, webinar, online resources or documented self-study. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' to 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.'
16.5.2	Guidance notes amended from 'This might include an external course, webinar, online resources or documented self-study. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' to 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.'

16.5.3	Guidance notes amended from 'This might include an external course, webinar, online resources or documented self-study. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' to 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.'
16.5.21	Requirement wording amended from 'The team members understand the aims and objectives of the business to a level appropriate to their role.' to 'The practice has a mission statement and the practice team understand their contribution to it.'
16.5.30	Requirement wording amended from 'The practice is approved for VN training.' to 'The practice is approved for RVN training.' Guidance notes amended from 'Practices would be expected to have at least one student in current training.' to 'Practices would be expected to have at least one student veterinary nurse in training within the previous 12 months.' Award points amended from 40 to 30.
16.5.33	Requirement added – 'The practice holds detailed records of sickness absence, which include recording of work-related illness or injury, and these are held and used to analyse causes for absence.' Award points 20.
16.5.34	Requirement added – 'The practice has written policies on suicide prevention and postvention.' Award points 10.
16.5.35	Requirement added – 'The practice has a defibrillator / automated external defibrillator (AED) for emergency use by employees and clients.' Award points 10.
16.5.36	Requirement added – 'The practice has a policy for cases of suspected animal abuse.' Guidance notes 'Members of the team should be aware of animal abuse and the potential link to human abuse. Training materials are available from the Links Group and through the Links Veterinary Training Initiative: http://thelinksgroup.org.uk/. See chapter 14 of the supporting guidance for the *Code of Professional Conduct* for further information and advice on the responsibilities of veterinary surgeons and veterinary nurses in recognising and reporting animal and human abuse: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/client-confidentiality/. Award points 10.
16.5.37	Requirement added – 'All team members with line management responsibility have undertaken at least one day of mental health awareness training.' Guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points 30.
16.5.38	Requirement added – 'At least one member of the practice team has undertaken some training in inclusion and diversity.' Award points 20.
16.5.39	Requirement added – 'A buddy system is in place for all new team members.' Award points 20.
16.5.40	Requirement added – 'The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing via a systematic gathering process.' Behaviours 'A consistent and systematic approach to gathering feedback.' Guidance notes 'One way to approach this could be by completing the SPVS / RCVS Vet Wellbeing Awards application process. See the Vet Wellbeing Awards website for information on the application process, and for further guidance on improving wellbeing within the practice: https://vetwellbeingawards.org.uk/. Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further

	information please refer to: http://bit.ly/2rXiaHs' Documents 'Analysis of feedback and actions.' Award points 10
16.5.41	Requirement added – 'The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing and there is evidence that the practice acts upon such feedback.' Behaviours 'Evidence that analysis is done to determine any required action.' Guidance notes 'Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs' Documents 'Analysis of feedback and actions.' Award points 30'
16.5.42	Requirement added – 'The practice can demonstrate evidence of waste reduction.' Guidance notes 'Examples of this could include the practice tracking and measuring its landfill waste, as well as its recycling waste.' Documents 'Comparison of yearly landfill waste reduction.' Award points 10.
17.1.10	Guidance notes added – 'This should be an adequate size for the work load of the practice.'
17.1.13	Guidance notes amended from 'Public and team members can share toilet facilities. Applicable legislation should be observed.' to 'There are minimum requirements for team welfare relating to: -Provision of sanitary conveniences -Facilities to wash -Facilities to store clothing See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm Public and team members can share toilet facilities.'
17.1.14	Guidance notes added – 'There are minimum requirements for team welfare relating to: -Facilities to rest and eat food See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm'
17.2.2	Guidance notes amended from 'The necessity for separate facilities however will be considered in light of the size of the practice. For example, if there were less than five members of staff at a practice then they would not need to meet the additional requirements in order to achieve GP accreditation.' to 'The necessity for separate facilities however will be considered in light of the size of the practice. For example, if there were three or less members of staff at a practice then they would not need to meet the additional requirements in order to achieve GP accreditation. This must be in place by 2025.'
17.2.3	Guidance notes amended from 'Team members are aware of the need to provide a hygienic and tidy front practice.' to 'Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.'
17.3.2	Added to guidance notes 'This does not include the waiting room and consulting room(s).'
18.1.4	Requirement moved to 7.1.14.
18.1.5	Requirement added – 'Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the operating area.'
18.1.6	Requirement moved from 18.2.11.
18.2.3	Guidance notes added – 'This should include regular deep cleaning of the operating theatre.'
18.2.5	Requirement wording amended from 'Sterile packs for emergency surgery must be available at all times.' to 'Sterile packs for emergency surgery must be available at all times. There must be a practice policy on sterilisation of instruments.' Guidance notes amended from 'These need to be checked regularly to ensure they have been sterilised within a reasonable length of time.' to 'Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.'

18.2.6	Guidance notes added – 'Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.'
18.2.7	Requirement wording amended from 'Sterile gloves and gowns must be available and used where appropriate.' to 'Sterile gowns and a range of sizes of sterile gloves must be available and used where appropriate.' Added to guidance notes 'Latex free gloves should be available as required.'
18.2.9	Requirement wording amended from 'The area should usually only contain equipment for use in surgical procedures and X-ray equipment.' to 'The area should usually only contain equipment for use in surgical procedures.' Guidance notes amended from 'An autoclave can be placed in an operating theatre, provided that there is a suitable SOP for maintaining asepsis. Endotracheal tubes and anaesthetic circuits should not be stored on the wall of the operating theatre.' to 'An x-ray machine can be placed in an operating theatre, where there is no adequate space elsewhere, provided that there is a suitable SOP for maintaining asepsis. Endotracheal tubes and anaesthetic circuits should not be stored on the wall of the operating theatre.'
18.2.11	Requirement moved to 18.1.6.
18.2.12	Guidance notes amended from 'A laptop or mobile X-ray viewer or digital display screen would be acceptable.' to 'A laptop, mobile X-ray viewer, digital display screen or hard copy showing real size images would be acceptable.'
18.2.13	Requirement wording amended from 'Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.' to 'Directable lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.'
18.2.14	Requirement added – 'Where surgical site infections have not responded to appropriate antibiotic usage, bacteriology is routinely performed and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).'
18.2.15	Requirement added – 'Outdoor shoes or clothing must not be worn in the operating theatre.'
18.3.2	Requirement wording amended from 'Scrubbing up facilities must be provided, with suitable elbow, foot or electric eye operated taps, which are adequately screened from the operating table.' to '"Scrubbing up" facilities separate from the operating theatre must be provided, with taps that can be operated by the person scrubbing up without breaking sanitisation of scrubbed hands.'
18.3.10	Requirement wording amended from 'Suitable surgical instruments must be available for orthopaedic surgery, including facilities for the repair of fractures.' to 'Where a referral service is offered in a particular discipline there will be suitable surgical equipment appropriate to that discipline.' Guidance notes added – 'Assessors will expect to see equipment checklists, evidence of clinical audit and / or case records.'
18.3.12	Requirement added – 'Bacteriology is routinely performed in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).'
18.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
18.5.9	Requirement wording amended from 'There are scrub facilities available separate from the surgical area.' to 'There are scrub facilities available separate from the operating theatre.'
18.5.10	Requirement wording amended from 'Scrubbing up facilities are available with suitable elbow, foot or electric eye operated taps.' to '"Scrubbing up" facilities are available, with taps that can be operated by the person scrubbing up without breaking sanitisation of scrubbed hands.'

18.5.16	Guidance notes amended from 'For example spinal surgery may require a second prep using sterile swabs to ensure sterility.' to 'For example spinal and orthopaedic surgery may require a second prep using sterile swabs to ensure sterility.'
18.5.21	Requirement deleted.
18.5.22	Added to guidance notes 'Monopolar or bipolar electrosurgery are acceptable, but thermocautery is not.'
18.5.24	Requirement moved to 1.5.30.
18.5.36	Requirement added – 'Bacteriology is routinely performed in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).' Award points 20.
18.5.37	Requirement added – 'Surgical laser is available and used appropriately.' Award points 10.
18.5.38	Requirement added – 'The practice routinely uses safe surgery surgical checklists.' Guidance notes 'Further information and a case study on implementing checklists can be found on the RCVS Knowledge website: https://knowledge.rcvs.org.uk/quality-improvement/tools-and-resources/checklists/.' Award points 30.
18.5.39	Requirement added – 'The practice participates in benchmarking exercises.' Guidance notes 'For example, VetAUDIT complications of routine neutering or canine cruciate registry.' Award points 10.

Practice Standards Scheme

Modules and Awards

Farm Animal

Version ~~2.21~~3 (~~November 2018~~insert date)

Contents

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Annex C – Farm Animal edits (with tracked changes)

Introduction

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

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

Each of the modules will contain: Requirements, listing what a practice is expected to achieve in an Award or accreditation; Behaviours and Guidance notes, providing advice how to achieve the requirements, background information about the requirement or links to other organisations which also provide advice; and Documents, which details what supporting evidence might be expected at a PSS assessment.

If a document is accompanied by the  symbol it is expected that it will be uploaded to the PSS IT system and assessed before a visit to practice.

Annex C – Farm Animal edits (with tracked changes)

Accreditation Levels

Farm Animal practices can apply for the following accreditations:

- Core Standards
- General Practice (GP)

Core Standards

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

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

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

General Practice

General Practice accreditation reflects the requirements of a primary care practice which also aims to facilitate the achievement of high standards of clinical care.

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

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Annex C – Farm Animal edits (with tracked changes)

Farm Animal Awards

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

- Team and Professional Responsibility
- Client Service
- Advisory/Consultation Service
- Diagnostic Service
- ~~In-Patient Service~~

Practice premises will be designated as 'Good' or 'Outstanding' within the Awards they select and will be free to promote themselves as such

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

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

Annex C – Farm Animal edits (with tracked changes)

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

Award 1: Team and Professional Responsibility				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Clinical Governance	16 – 19	320~~260~~	~~160~~190	~~210~~260
Infection Control and Biosecurity	45 – 47	~~310~~310	190	~~250~~250
~~Medical Records~~	91 – 92	~~170~~	~~100~~	~~140~~
Medicines	81 – 85	~~390~~510	~~230~~310	~~310~~410
Practice Team	129 – 134	~~610~~750	~~370~~450	~~490~~600

Award 2: Client Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Client Experience	25 – 30	~~500~~560	~~300~~340	~~400~~450

Award 3: Advisory/Consultation Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**

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Infection Control and Biosecurity	45 – 47	~~310~~310	190	~~250~~250
~~Out-patients~~Farm Consultation	102 – 109	~~440~~470	~~260~~280	~~350~~380
Pain Management and Welfare	112 – 113	110~~130~~	70~~80~~	~~100~~90
Surgery	141 – 143	~~350~~400	~~210~~240	~~280~~320
Medicines	81 – 85	~~390~~520	~~230~~310	~~310~~420

Award 4: Diagnostic Service				
Required Modules:	Pages	Award Points Available:	Good:	Outstanding:
Diagnostic Imaging	39 – 40	~~130~~150	~~80~~90	~~100~~120
Laboratory and Clinical Pathology	61 – 64	~~340~~390	~~210~~230	~~280~~310

~~Award 5: In-patient Service~~				
~~Required Modules:~~	~~Pages~~	~~Award Points Available:~~	~~Good:~~	~~Outstanding:~~

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~~In-patients~~	~~51 – 55~~	~~590~~	~~350~~	~~470~~
~~Infection Control~~	~~45 – 47~~	~~310~~	~~190~~	~~250~~
~~Pain Management~~	~~112 – 113~~	~~130~~	~~80~~	~~100~~
~~Surgery~~	~~141 – 143~~	~~350~~	~~210~~	~~280~~

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

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

comply with the General Practice requirements within the applicable modules.

Where a Core Standards practice premises would like to apply for an Award it would also need to

Modules and Awards

Annex C – Farm Animal edits (with tracked changes)

Module 1: Anaesthesia

Core Standards

Point	Requirements	Guidance notes	Documents
1.1.1	Only a veterinary surgeon can administer general anaesthesia if the induction dose is either incremental or to effect.~~A veterinary surgeon must administer general anaesthesia if the induction dose is either incremental or to effect.~~		
1.1.2	A record must be kept of every anaesthesia procedure performed.		
1.1.3	Local and regional anaesthetic techniques are used as appropriate.		
1.1.4	Epidural anaesthetic techniques are used regularly as appropriate.		

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Module 1: Anaesthesia

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
1.2.1	A patient assessment is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic and is recorded.		
1.2.2	A risk assessment is performed immediately before administration of any sedation, premedication or anaesthetic.	There must be consideration for the safety of the patient and all personnel present.	
1.2.3	Anaesthetic equipment must be subject to professional maintenance according to the manufacturers' recommendations.	Regular service records must be produced for all anaesthetic equipment.	

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Module 1: Anaesthesia

Award Points

There are no Award Points available in this module.

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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.	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. 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. Evidence-based veterinary medicine is a key focus of RCVS Knowledge; www.rcvsknowledge.org/evidence-based-veterinary-medicine. Further information on Clinical Governance can be found on the RCVS Knowledge's website: www.rcvsknowledge.org/quality-improvement. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the RCVS Code of Professional Conduct: http://bit.ly/1TujSJR. 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. Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.~~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.~~	

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		~~Clinical effectiveness measures how well a particular procedure achieves the desired outcome. For practices to be clinically effective they need access to the best available evidence in order to discuss and draw up protocols and monitor how effective they are by clinical audit and significant event reviews.~~ ~~Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1TujSJR~~ ~~Evidence-based veterinary medicine is a key focus of RCVS Knowledge; http://bit.ly/1MpqQeS.~~ ~~Further information on Clinical Governance can be found on the RCVS Knowledge's website: http://bit.ly/2EiJy6b~~ ~~There is a useful practical guide on the BSAVA website: http://bit.ly/1J1wc99~~ ~~Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.~~	

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2.1.2	Veterinary surgeons must refer cases as appropriate.	There should be protocols for referral that are regularly reviewed and known to all the practice team. Assessors will expect to see records of recent referrals or of case discussions with referral practices.~~Assessors will expect to see records of recent referrals or of case discussions where referral was recommended.~~ 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: http://bit.ly/2rXiaHs	
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.		

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Module 2: Clinical Governance

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
2.2.1	The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.~~The practice must have a system in place for monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.~~	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: www.rcvsknowledge.org/quality-improvement~~Written evidence of regular clinical meetings, journal clubs or clinical protocols and guidelines. 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: http://bit.ly/2EiJy6b~~	Written evidence of continual improvement, regular clinical meetings, journal clubs or clinical protocols and guidelines.~~Written evidence of regular clinical meetings, journal clubs or clinical protocols and guidelines.~~
2.2.2	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.	

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2.2.3	There is evidence of development of practice guidelines and protocols.		
2.2.4	Where appropriate, copies of clinical protocols/guidelines are available for new team members and locum induction.	Consistent information is provided to all new team members. Evidence of induction records and training.	Induction and training records.

Module 2: Clinical Governance

Award Points

This module contributes towards the Award in Team and Professional Responsibility; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
2.5.1	Clinical governance CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of Clinical Governance CPD.	2~~1~~0
2.5.2	At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance ~~or equivalent~~.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

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2.5.3	The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care.~~The practice has regular clinical meetings to which all clinical team members can input items for discussion.~~	Open, honest discussions with clear actions and no barriers to feedback.	Meetings should be monthly as a minimum and do not necessarily need to be face-to-face.	Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement.~~Minute of meetings.~~	20
2.5.4	Following a significant event (e.g. unexpected medical or surgical complication, anaesthetic death, accident or serious complaint), a 'no-blame' meeting is held as soon as possible to consider what, if anything, could have been done to avoid it.	Open, honest discussions with clear actions and no barriers to feedback. The emotional impact of the event on team members is explicitly addressed in a supportive environment.	The meeting is recorded and any changes in procedure as a result are communicated to all team members. Team members needing additional support in the aftermath of a significant event should be signposted to Vetlife or their GP. Guidance, including examples and templates to assist practices with significant events can be found on RCVS Knowledge's Tools and Resources page: www.rcvsknowledge.org/quality-improvement.~~Guidance, including examples and templates to assist practices with significant events can be found on RCVS Knowledge's Tools and Resources page: http://bit.ly/2EiJy6b~~	Significant event reports and meeting minutes.~~Significant event reports or meeting minutes.~~	30

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Annex C – Farm Animal edits (with tracked changes)

2.5.5	Clinical protocols and guidelines are drawn up and reviewed following team discussion considering the evidence base.~~Clinical protocols/guidelines are drawn up and reviewed following team discussion considering the evidence base.~~	The practice reviews current evidence to inform local practise~~The practice reviews best practice.~~	Evidence of reviews of procedures and changes made as a result of review. Examples and templates to assist practices in the creation and review of guidelines and protocols can be found on RCVS Knowledge's Tools and Resources page: www.rcvsknowledge.org/quality-improvement~~Evidence of reviews of procedures and changes made as a result of review.~~ ~~Examples and templates to assist practices in the creation and review of guidelines and protocols can be found on RCVS Knowledge's Tools and Resources page: http://bit.ly/2EiJy6b~~	Clinical protocols or guidelines.~~Clinical protocols.~~	20
~~2.5.6~~	~~Copies of clinical protocols/guidelines are available for new team members and locum induction.~~	~~Consistent information is provided to all new team members.~~	~~Evidence of induction records and training.~~	~~Induction and training records.~~	~~20~~
~~2.5.7~~	~~There is a system for updating team members on the use of all new equipment, procedures and new medicines used in the practice.~~		~~Evidence of induction records and training.~~		~~20~~

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Annex C – Farm Animal edits (with tracked changes)

2.5.8	The practice runs regular journal clubs.		This forms part of the review of best practice. Support in running journal clubs is provided through RCVS Knowledge Library https://knowledge.rcvs.org.uk/document-library/setting-up-and-running-a-journal-club-in-practice/	Records of journal club meetings.	20
2.5.9	Information learned from referral reports is shared with the clinical team. ~~There are protocols for referral that are regularly reviewed and known to all the practice team.~~		~~Evidence of annual review. Referral reports are shared with the team.~~	~~Referral protocol.~~	10

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Annex C – Farm Animal edits (with tracked changes)

2.5.10	Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited.~~Clinical procedures carried out in the practice are audited and any changes implemented as a result.~~		There is evidence that some commonly used procedures are audited and that any changes required are implemented. This could be process or outcome audit. This forms part of the regular review of best practice. See RCVS Knowledge's Tools and Resources page for advice: www.rcvsknowledge.org/quality-improvement~~There is evidence that some commonly used procedures are audited and that any changes required are implemented.~~ ~~This forms part of the regular review of best practice. See RCVS Knowledge's Tools and Resources page for advice: http://bit.ly/2EiJy6b~~	Audit reports and actions.  ~~Audit reports.~~ 	30

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Annex C – Farm Animal edits (with tracked changes)

2.5.11	Regular morbidity and mortality discussions are held to discuss the outcome of clinical cases. There are records of discussions and changes in procedures as a consequence.	Open, honest discussions with clear actions and no barriers to feedback. These discussions explicitly address the emotional impact of clinical cases with a poor outcome.	There are records of discussions and changes in procedures as a consequence. Discussions should be ongoing or at least monthly and would ideally be face-to-face. Evidence of changes made as a result of such meetings. Team members needing additional support should be signposted to Vetlife or their GP. See RCVS Knowledge's Tools and Resources page for advice: www.rcvsknowledge.org/quality-improvement~~See RCVS Knowledge's Tools and Resources page for advice: http://bit.ly/2EiJy6b~~	Minutes of meetings.	20

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Annex C – Farm Animal edits (with tracked changes)

2.5.12	The practice is contributing data towards professional benchmarking or clinical data collection, or data for future potential publication.	Sharing of information to facilitate research and/or improve best practice.	This could include contributing data towards undergraduate projects or clinical data to organised multicentre studies for potential publication (e.g. Veterinary Evidence (www.veterinaryevidence.org), vetAUDIT (www.vetaudit.co.uk) or VetCompass (www.rvc.ac.uk/vetcompass)). ~~This could include contributing data towards undergraduate projects.~~		40
2.5.13	There is an organisational commitment to continual improvement.		This should be demonstrated at the practice level. Assessors will expect to see evidence of quality improvement activities.	Practice continual quality improvement policy.	20
2.5.14	Information from significant event meetings is shared with the profession in order to enable learning.		This could be shared within a practice group, via RCVS Knowledge's online forum (https://knowledge.rcvs.org.uk/document-library/case-study-form/), or via VetSafe (http://www.vds-vetsafe.co.uk/login/?ReturnUrl=%2F)		10
2.5.15	The practice contributes to the evidence base.		This could be by writing RCVS Knowledge summaries (https://www.veterinaryevidence.org/index.php/ve/about/submissions#authorGuidelines), research publications, or using BestBETS for Vets (https://bestbetsforvets.org/).		10

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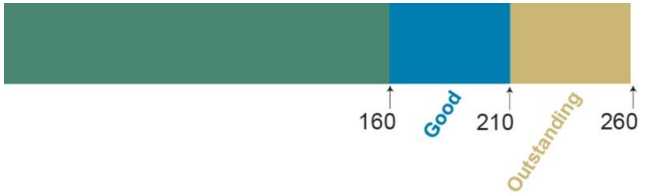
2.5.16	There is a designated person in the practice responsible for overseeing clinical governance.				30
2.5.17	The clinical records system is set up in such a way as to allow data mining for the purposes of clinical governance, clinical audit, benchmarking, clinical research etc.		The records system can search e.g. name of procedure.		20
			TOTAL POINTS AVAILABLE:		~~260~~320
			OUTSTANDING:		260~~210~~
			GOOD:		190~~160~~



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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.	The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business, e.g. • Surgery opening times • Normal operating times • Fee or charging structures • Procedures for second opinions and referrals • Use of client data • Access to and ownership of records - The practice's privacy policy notice to include, for example: • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so • The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing)	Information for new clients or terms and conditions.

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		• The data subjects rights and any relevant information needed to lodge a complaint with the Information Commissioners Office • 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.~~Evidence could include client information leaflets, emails to clients and reminders. This information might be displayed on the website, provided to new clients and/or displayed in the surgery.~~ In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/). Where the lawful basis relied upon is consent, practices should ensure that communications are only ~~any electronic marketing communications presented or sent to the client should, however, only be~~ 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 veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent.) For further information please refer to: http://bit.ly/2rXiaHs	

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3.1.2	The practice must have a means of recording and considering client complaints.	~~Practices must provide a privacy policy to clients and put effective procedures in place in order to respond properly if clients exercise their rights under the GDPR (i.e. the right to access their personal data, the right to rectification and erasure, the right to be forgotten, the right to restrict processing, the right to data portability and the right to object to the processing of their personal data).~~ For further information please refer to: http://bit.ly/2rXiaHs	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.~~Options are discussed regarding methods of euthanasia and disposal of carcasses.~~		
3.1.6	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.~~Charges are discussed with clients.~~	The practice must be able to demonstrate how fee estimates are generated and show the procedures for updating and informing clients of ongoing costs. Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records.	

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		Practices should be aware of their obligations under GDPR when communicating with clients. For further information please refer to: http://bit.ly/2rXiaHs~~The practice must be able to demonstrate how fee estimates are generated and procedures of updating and informing clients of significant price changes.~~	

Module 3: Client Experience

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
3.2.1	There must be sufficient telephone capacity and human resources to meet the workload of the practice.	It could be that the practice carries out a regular audit of time taken to answer calls.	
3.2.2	Team members should be effective at the prioritisation of emergency cases.	Practice team members who are responsible for answering phones should be aware of cases that require immediate emergency attention and how to communicate and liaise with veterinary surgeon(s) to provide appropriate attendance. Examples of acute trauma that may require urgent attention include fractures, wounds causing massive blood loss, staggers, milk fever, collapsed animals, calvings, lambings etc. 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	Clients are aware of the identity of clinicians primarily responsible for the care of their units.	Pictures on notice boards, name badges, websites, social media, and newsletters. Practices will be expected to update websites and RCVS Find a Vet regularly.	

Annex C – Farm Animal edits (with tracked changes)

3.2.4	There must be a written policy to deal with clients' complaints or criticisms and the practice must keep a record of complaints received and the responses made.	This should be in line with guidance provided by the VDS or similar organisation and should include at least: - Details of who deals with complaints in the practice - How complaints are dealt with - Timescales for responding to clients about complaints.	Written complaints policy.
3.2.5	There is an efficient system for regular and timely invoicing.	Statements should be provided at least monthly and sent in a timely fashion.	
3.2.6	The practice is aware of government funding and other initiatives that are available to aid in the management of farm animal health and welfare.	Practice team to provide up-to-date information and actively promote to clients. In keeping with GDPR regulations, any electronic marketing communications presented or sent to the client should, however, only be 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 veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent. For further information please refer to: http://bit.ly/2rXiaHs	

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3.2.7	The practice must access and use animal health data from farms under their care.	Evidence must be available of proactive farm health management. Assessors will expect to see the use of farm data. This many take the form of access to Herd Companion, Interherd, CIS (Cattle Information Service) records as well as ready access to farm records, farm-specific advisory notes for some or all of the practice clients.	
3.2.8	The practice must produce regular newsletters.	These should be at least quarterly. Please note the GDPR specific guidance in 3.2.6 above.	
3.2.9	The practice holds client meetings at least twice a year.	It is acceptable for meetings to be held jointly with another practice(s). Assessors will expect to see evidence of the meetings/training, for example, the contents of meetings, issues focused upon, as well as a record of the key points discussed.	
3.2.10	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.	

Module 3: Client Experience

Award Points

This module contributes towards the Award in Client Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
3.5.1	A member of the team has undertaken training in the last four years in communication ~~and handling difficult situations and provided internal training to the team~~.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.~~	Documented proof of communication CPD.	~~2~~10
3.5.2	There is an appointment system for forward booking named veterinary surgeons.				10
3.5.3	The practice has an online presence which is updated with the latest information on opening times, services and team members.				10

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3.5.4	A range of media is used to communicate and interact with clients.		This might include social media, newsletters etc.		20
3.5.5	The time taken to answer the telephone is monitored.				20
3.5.6	There are current and relevant notice boards in the public areas of the practice.		These could be details of current topical items or education.		20
3.5.7	The practice has a means of monitoring client perceptions and feedback via a systematic gathering process.	A consistent and systematic approach to gathering feedback.		Analysis of feedback and actions. 	10
3.5.8	The practice has a means of monitoring client perceptions and feedback and there is evidence that the practice acts upon such feedback.	Evidence that analysis is done to determine any required action.		Analysis of feedback and actions. 	30

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3.5.9	Use of RCVS PSS client questionnaire.		Please contact the Practice Standards Team, who will provide you with your unique, on-line, pre PSS assessment client questionnaire and advise you how many clients you need to send it to. The number of clients you need to send the questionnaire to will be based on the size of your practice. For a farm animal practice 10 responses per FTE vet is expected from the last two months. The results will be discussed with the practice. Practices should note that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. Please refer to the Guidance under Core requirement 3.1.1 for more guidance on GDPR responsibilities in this area.		40
3.5.10	Clients are provided with a designated veterinary contact.	The practice places a high value on customer focus.			10
~~3.5.11~~	~~All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations.~~		~~This might be demonstrated by client feedback.~~		~~40~~

3.5.12	Team members have received training on customer service within the last four years. ~~Team members have received training on customer service within the last four years and provided internal training to the team~~		This does not have to be veterinary specific training. This includes all members of the practice team, clinical and non-clinical. Within a 4 year period 50% of the team should have attended customer service training (internal or external). All new team members must attend customer service training within the initial 12 months of employment This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Evidence that the knowledge gained from such a course has been disseminated to other staff members. ~~This does not have to be veterinary specific training.~~ ~~This might include an external course, webinar, online resources or documented self-study. Course length~~	Proof of customer service CPD. [redacted] ~~Proof of customer service CPD.~~	10~~30~~

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			~~should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.~~ ~~Evidence through team members training records that the knowledge gained from such a course has been disseminated to other staff members.~~		
3.5.13	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
3.5.14	A method is in place to monitor the client understanding of the advice provided by the practice.				10
3.5.15	There is a method of informing clients when consultations/visits are running behind.				10
3.5.16	There is a documented annual review of appointment scheduling procedure.		This enables an assessment to be made regarding demand for early/late/weekend appointments. The practice considers clients' suggestions and implements where practical.		10

Annex C – Farm Animal edits (with tracked changes)

3.5.17	Team members understand PSS ~~and can communicate this to clients~~.		Evidence is required that team members know their practice accreditation level and any Awards achieved, what the scheme means and why the practice participates.		3~~4~~0
~~3.5.18~~	~~There is a system in place for the collection of medicines out-of-hours.~~		~~A degree of secure access and environmental controls should be considered.~~	~~SOP or protocol.~~	~~10~~
~~3.5.19~~	~~There is a system in place for the delivery and collection of dispensed medicines.~~				~~10~~
3.5.20	There should be a culture of whole team reviewing and learning together from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.~~There should be a culture of reviewing and learning from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.~~	It should be evident in discussions that complaints are seen as a positive way to engage with clients. ~~Practices that focus on just reducing or eliminating complaints do not understand the process.~~	Evidence of a record of the feedback and, where appropriate, investigation and action as a result. Assessors will speak to team members to understand better the attitude towards clients.	Analysis of feedback and complaints.	40
3.5.21	Regular (annual) audit of herd/flock sizes are undertaken.			Evidence of audit.	10

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3.5.22	Monthly newsletter with up-to-date information on local initiatives and relevant issues are produced to enable farmers to develop their skills in the area of farm animal health and welfare.	Keeps abreast of changes in the sector and pro-active in informing clients.	Practice team to keep up-to-date with farm issues and offers that are available. The team must communicate this in variety of ways e.g. written, email, website or social media. Please note the GDPR specific guidance requirement 3.2.6 which also applies here. When using social media practices should be respectful of and protect the privacy of others and comply with the data protection laws and their own practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs	Copy of last three months newsletters.	20
3.5.23	Systems are in place for written reports to be provided as routine.	Farm to be provided with written reports from advisory visits, laboratory investigations and herd health planning. Any action points are to be discussed with plan made and followed up.	This may be written or emailed, but must be made available or attached to clinical records.	Written reports.	50
3.5.24	The practice provides regular training events for clients on key topics to enable farmers to develop their skills in the area of farm animal health and welfare.	Develops effective partnerships with clients.	Topics may include AI, foot-trimming, responsible use of medicines.	Evidence of training events.	30

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3.5.25	Team members can discuss what they have learnt from training in communication and handling difficult situations and what changes have been made to the practice as a result.		Evidence that the knowledge gained from training in communication and handling difficult situations has been disseminated to other staff members.		20
3.5.26	There is a written protocol for continuity where clinically applicable.				10
3.5.27	The practice carries out client focus groups to monitor client perceptions and feedback.		This should be at least annually.		10
3.5.28	There is evidence that the practice acts upon feedback from client focus groups.				20
3.5.29	The practice has achieved a Net Promoter Score (NPS) of 80 or over in the pre-PSS assessment client questionnaire.				10
3.5.30	Team members can discuss what they have learnt from training in customer service and what changes have been made as a result.		Evidence that the knowledge gained from customer service training has been disseminated to other staff members.		20
3.5.31	The practice communicates to its clients what PSS means.		'Information could be provided in client welcome packs, on the practice website or on waiting room displays.		20

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3.5.32	The PSS Communications Toolkit is used by the practice to promote its Accreditations and Awards.		Assessors will expect to see examples of where the toolkit has been used in social media, advertising etc.		20
3.5.33	Team members have attended training in consultation skills.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.		10
3.5.34	Team members can discuss what they have learnt from training in consultation skills and what changes have been made as a result.				20
			TOTAL POINTS AVAILABLE		~~560~~50~~0~~
			OUTSTANDING:		~~400~~45~~0~~
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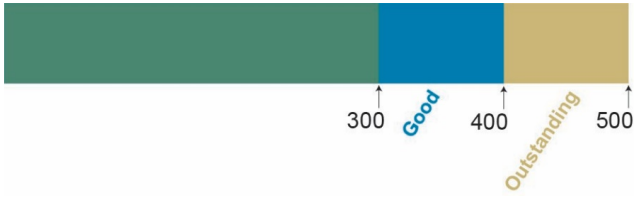

Module 4: Diagnostic Imaging

Core Standards

If the practice does not have an X-ray machine, only requirement 4.1.1 is applicable.

If the practice has an X-ray machine, practices must meet requirements 5.1.2-5.1.18.

Point	Requirements	Guidance notes	Documents
4.1.1	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.	
4.1.2	The practice must inform the Health and Safety Executive (HSE) of their use of ionising radiations.	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. 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. Practices must also notify the HSE if they exceed the radon threshold.	Evidence of registration and/or consent.

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Annex C – Farm Animal edits (with tracked changes)

4.1.3	The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice.	Assessors will ask to see an agreement with an RPA, including the scope of the activities upon which advice is required. 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. Material changes in e.g. equipment or workload must be notified to the RPA, who will decide if a visit is required. Practices should note that a Certificate of Competency issued to an RPA does not automatically denote experience of veterinary practice and suitable enquiries should be made. A list of the RPA 2000 Certificate holders is available here: http://bit.ly/1Elwabc	Letter of appointment of RPA. RPA report.

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Annex C – Farm Animal edits (with tracked changes)

4.1.4	The practice must appoint a Radiation Protection Supervisor (RPS) in writing.	Assessors will ask to see the written appointment of one or more suitable RPSs. 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. HSE require any RPS to have had recent relevant radiation protection training within the last 5 years. ~~The RPS must command sufficient authority to supervise the work so that it is performed in accordance with the local rules and have an adequate understanding of the requirements of the Ionising Radiation Regulations. They must also know what to do in an emergency.~~ ~~HSE require any RPS to have had recent relevant radiation protection training.~~ Assessors will expect to speak to the RPS(s) during the visit.	Letter of appointment of RPS

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4.1.5	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.	The risk assessment must be sufficient to demonstrate that: - All hazards with a potential to cause a radiation accident have been identified - The nature and magnitude of the risks have been evaluated Where the risk assessment shows the existence of a risk of a reasonably foreseeable radiation accident, the radiation employer shall take all reasonable steps to: - Prevent any such accident - Limit the consequences of any such accident - Provide employees with such instruction and training as is necessary to restrict their exposure 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 http://bit.ly/1ZyVMyc	Risk assessment for ionising radiations.

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4.1.6	Written local rules must be approved by the RPA and clearly displayed to all team members.	Local rules must be displayed in or near each X-ray area~~room~~. They must contain: - Name of RPS - Controlled area – when and where it exists - Dose investigation level - Contingency plan - Written arrangements - Duties of RPS - How entry to controlled area is restricted Optional: - Name, address and telephone number of RPA - Arrangements for maintenance of equipment - Dosimetry arrangements - Use, storage and inspection of Personal Protective Equipment (PPE) Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.	Local Rules for Radiography.
4.1.7	A controlled area must be designated in accordance with advice from the RPA. It must also be adequately described in the local rules, physically demarcated where practical and provided with suitable and sufficient signs and warnings, all in accordance with the RPA's advice. Automatic warning lights are required at every entrance to the controlled area.	Within practice premises a specified room or rooms must be designated for radiography. It is desirable but not essential that the room is used solely for radiography. It is 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.	

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Annex C – Farm Animal edits (with tracked changes)

4.1.8	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.	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. A guide to Ionising Radiations is available from the BVA website: http://bit.ly/2f4HabN	Copy of guidance notes.
4.1.9	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, and endoscopic images etc. covering appropriate regions of the body.	

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Annex C – Farm Animal edits (with tracked changes)

4.1.10	Sufficient Personal Protective Equipment must be provided and examined at regular intervals. All protective clothing must be thoroughly examined on an annual basis and a record kept. Regular inspection of safety equipment must be recorded.	When necessary, the practice must provide at least one protective apron ~~with a lead equivalence throughout of not less than 0.25mm~~, and, if animals are ever held during radiography, must provide hand, ~~and~~ forearm and thyroid protectors with a lead equivalence of not less than 0.5mm, sufficient for all personnel involved. When not in use, aprons should be stored and transported appropriately to avoid damage. The practice should have agreed with their RPA whether or not lead glasses are needed for farm radiography. Assessors will check team members' understanding of appropriate use. ~~Personal protective equipment may not be required where a practice confirms that:~~ ~~• Animals are never held~~ ~~• Team members are in a shielded position and can remain shielded in accessing the isolation switch~~ ~~• The practice provides written confirmation from their RPA that the situation is acceptable~~ The risk assessment should be reviewed at least annually.	Protocol and records for examining PPE.
4.1.11	The X-ray machine must be serviced according to manufacturer's requirements and there must be written evidence of a satisfactory service record.	Assessors will ask to see the X-ray machine's service records. Service engineers should be registered with the HSE.	X-ray machine service records.

4.1.12	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.	
4.1.13	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.	
4.1.14	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.	If wet processing is used, an SOP should be in place. In particular, the development time, temperature and replenishment must be in accordance with the manufacturer's instructions. All X-ray chemicals must be stored safely and disposed of in an appropriate manner. See BVA Good practice guide to handling veterinary waste in England and Wales for further information: http://bit.ly/1WfH1P6 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.	Advice of water authority.
4.1.15	There must be sufficient provision for the non-human restraint of patients during radiography. Sufficient means of mechanical and chemical restraint must be provided for the range of species treated.	No animal should be held unless there are clinical reasons why they cannot be restrained by other means. Positioning aids such as sand bags, cradles, wedges and ties must be suitable for the range of species routinely treated. Suitable drugs and equipment for anaesthesia or sedation must be available.	

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Annex C – Farm Animal edits (with tracked changes)

4.1.16	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.	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. Personal dose monitoring arrangements should include locum vets.	Dose monitoring records.
4.1.17	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.	The practice must provide a permanent record of all X-ray exposures and records and identify the personnel involved. Digital systems should also have a recording of exposures, not just to ensure the settings work but to record the personnel involved. If digital systems have a section for reporting the quality of images, this can be recorded there. Suitable back-up must be provided for any electronic records. An exposures guide should also be available. A chart or specific list of commonly used exposures is more accessible than an X-ray logbook and helps to reduce the number of incorrect exposures. If manual restraint is used, this should be highlighted on the record. Team members may be asked to retrieve an example exposure. Team members should be proficient in recognising film faults	X-ray record and exposure guide.
4.1.18	The practice has a written protocol in place for radiography away from the premises which has been approved by the RPA.		

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Module 4: Diagnostic Imaging

General Practice

Point	Requirements	Guidance notes	Documents
4.2.1	The practice must be visited by a radiation protection adviser (RPA) at least every 4 years who possesses appropriate knowledge and experience relevant to veterinary practice.	The assessor will expect to see evidence that an RPA (or representative) has visited and inspected the site. All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA.	
4.2.2	There is an SOP for radiography.		
4.2.3	Ultrasound machines, appropriate for the species treated, are available and used.	For cattle practices this should be the appropriate number of scanners in order to perform routine visits.	
4.2.4	The practice must have the ability to record ultrasound images.		

Module 4: Diagnostic Imaging

Award Points

This module contributes towards the Award in Diagnostic Service; you will also need to have completed all of the points listed under Core Standards.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
4.5.1	General diagnostic imaging CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of imaging CPD.	10
4.5.2	Evidence is provided of training or CPD for team members in use and routine maintenance of all imaging equipment available within the practice.		Reference material must be available and team members will be interviewed by assessors.	Training records.	10

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4.5.3	Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners in DICOM format. ~~-~~		This could be via email, CDs, memory sticks etc. Images should be in DICOM format. If the diagnostic images contain personal data of the client, it is strongly advised that they are kept secured and password-protected when sending electronically.~~ICOM format or other easily accessed formats.~~		10
4.5.4	CPD reference material is available.		This could be text books or electronic resources.		10
4.5.5	A range of images are available for reference.		Images of normal patients and those with common conditions.		20
4.5.6	Training has been undertaken and facilities are available for the ultrasonography of the reproductive tract.			Training records.	50
4.5.7	The practice maintains records of the findings of all diagnostic imaging studies.				20
4.5.8	The practice has the ability to record ultrasound images.				10
4.5.9	The practice has the ability to record endoscopy.				10

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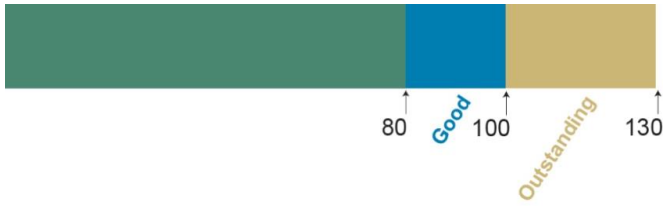
Annex C – Farm Animal edits (with tracked changes)

			TOTAL POINTS AVAILABLE		150~~130~~
			OUTSTANDING		120~~100~~
			GOOD		90~~80~~



Module 5: Infection Control and Biosecurity

Core Standards

Point	Requirements	Guidance notes	Documents
5.1.1	The practice must have a biosecurity policy.	The practice biosecurity policy should include requirements for personal hygiene, cleanliness of premises and equipment, cleanliness and disinfection of personal protective equipment and clothing, and cleanliness of vehicles. There should be a protocol for disinfection between farms~~patients~~. A 'barrier' should be created between clinical and non-clinical areas. Veterinary surgeons returning from calls should consider the cleanliness of their clothing.	Biosecurity policy
5.1.2	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 recognized sterilisation systems, for the effective sterilisation of instruments and equipment.		

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5.1.3	For all autoclaves, and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.~~For autoclaves and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.~~	A Written Scheme of Examination must be titled as such, and must specify how and when the autoclave(s) must be inspected. Practices must also have a Certificate of Inspection under the regulations. It will be titled Certificate of Inspection under the Pressure Systems Safety Regulations (2000). Only pressure vessels over 250 bar litres are covered by the Pressure Systems Safety Regulations (2000). All autoclaves would come into this category and each would require both a Written Scheme of Examination and Certificate of Inspection. Dental machines are unlikely to work at such high pressure and so are usually exempt from the provisions. See HSE guidance on pressure systems for further information: http://bit.ly/1KwZekX 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. A Written Scheme of Examination may be obtainable from the manufacturers.	Written Scheme of Examination for autoclave.
5.1.4	Each clinical area must have facilities for safe disposal of sharps, hazardous and non-hazardous waste.	This includes practice vehicles. Team members should be trained in safe disposal. See BVA Good practice guide to handling veterinary waste in England and Wales for further information: http://bit.ly/1WfH1P6	

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Annex C – Farm Animal edits (with tracked changes)

5.1.5	The practice must have a written policy for dealing with zoonotic cases that is known to all team members.	Team members must be trained to implement the SOP, which must include: - Details of waste disposal - Protective clothing to be worn - Disinfection of all utensils/equipment - Designated persons to be responsible - Reference to COSHH - Health and Safety information pertaining to the risks of dangerous pathogens and zoonoses	Written policy on dealing with zoonotic cases.
5.1.6	Procedures must be in place to minimise cross-infection in all areas. Cleaning and disinfection materials must be readily available and used.	Risk based disinfection of all areas must be carried out between patients. This can include floor, equipment and hand touch areas such as doors, door handles and keyboards. Risk based deep cleans should be carried out as required.	Cleaning and disinfection schedules for ~~clinical~~ all areas.
5.1.7	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.	
5.1.8	Washing and disinfecting facilities must be provided in areas where animals are accommodated.	The expectation is that each clinical area will have its own hand washing facilities. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.	

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5.1.9	Appropriate PPE is readily available and used.	Disposable overalls, and examination and arm length gloves, should be available and worn at all times where appropriate.~~Disposable overalls and gloves should be available.~~ If this isn't appropriate, different clothes should be available. Waterproof clothing is available and is thoroughly cleaned and disinfected between units.	
5.1.10	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.	There should be an SOP for the cleaning of vehicles. A log book should be used to record when cleaning has been carried out. 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.	
5.1.11	Cleaning and disinfecting materials must be readily available and used.	A defra approved disinfectant at the recommended dilution should be used. A list of approved disinfectants can be found on the defra website: http://disinfectants.defra.gov.uk/DisinfectantsExternal/Default.aspx?Module=ApprovalsList_SI	
5.1.12	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.

Module 5: Infection Control and Biosecurity

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
5.2.1	Written cleaning protocols for all vehicles and ~~clinical~~ all areas of the practice are required and must be regularly audited and recorded.	The frequency of cleaning will vary according to the ~~clinical~~ area and caseload. There should be different sets of cleaning materials and colour coded mops for each area.	Cleaning protocols.
5.2.2	If animals are admitted there must be facilities for adequate hygienic safe storage and disposal of bedding.		
5.2.3	Clean and appropriate clothing is worn for the clinical task being undertaken.	This should be appropriate for the biosecurity required.	
5.2.4	The practice has a policy on the use of multi-injection guns and where clients are required to use these, correct instructions are given.		Includes McLintock syringes and multi-injectors.

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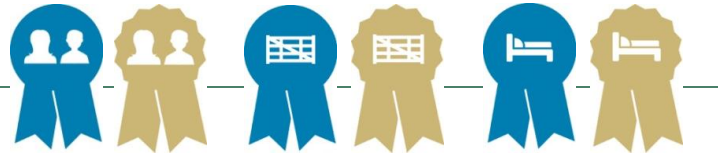
Module 5: Infection Control and Biosecurity



Awards Points

This module contributes towards the Awards in Team and Professional Responsibility, Advisory/Consultation Service and In-patient Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
5.5.1	Infection control CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Proof of infection control CPD.	10
5.5.2	The practice has a designated individual responsible for infection control who monitors compliance with infection control policies.	The practice has adequate internal quality controls.	Ideally this would be a veterinary surgeon or RVN.	Name of designated person and list of their responsibilities.	30
5.5.3	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that these are being used. These cover cleansing and disinfection of equipment between farms.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols.	20

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5.5.4	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that these are being used. These cover cleansing and disinfection of vehicles.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols.	20
5.5.5	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that these are being used. These cover correct preparation and use of disinfectants.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols.	20
~~5.5.6~~	~~Appropriate PPE is provided and changed between units.~~				~~20~~
~~5.5.7~~	~~Clean and appropriate clothing is worn for the clinical task being undertaken.~~		~~This should be appropriate for the biosecurity required.~~		~~20~~
5.5.8	The practice has protocols in place for the identification and management of cases of infection involving antimicrobial resistant bacteria.			Protocols for multi-resistant bacteria.	30
5.5.9	The practice provides advice and education to its clients on antimicrobial resistance, anthelmintics, zoonoses, infection control and biosecurity.		Detailed biosecurity protocols will be provided as a part of health plans. The practice could also provide educational materials on biosecurity and infectious diseases.		50

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Annex C – Farm Animal edits (with tracked changes)

			See BVA website for further information: BVA antimicrobials advice: http://bit.ly/1INIe6Z BVA anthelmintics advice: http://bit.ly/1LkZczJ		
~~5.5.10~~	~~The practice has a policy on the use of multi-injection guns and where clients are required to use these, correct instructions are given.~~		~~Includes McLintock syringes and multi-injectors.~~		~~20~~
5.5.11	The practice has procedures in place to ensure team members are aware of emerging infectious diseases.	Proactively anticipates and addresses risks.			20
5.5.12	The practice has procedures in place to ensure clients are aware of emerging infectious diseases.	Proactively anticipates and addresses risks.			20
5.5.13	The practice has procedures in place to ensure clients are aware of biosecurity.	Proactively anticipates and addresses risks.			10
5.5.14	There should be regular audits of infection control.	Open, honest analysis with clear actions and no barriers to feedback.	For example, outcome audits of post-operative infection and process audits of cleaning and disinfection procedures.	Audit report.	20
5.5.15	The practice participates in a surveillance scheme for infectious diseases.		For example VetCompass.		20

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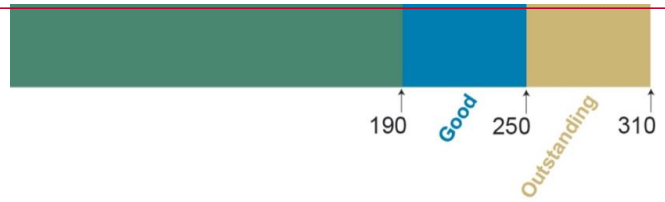
Annex C – Farm Animal edits (with tracked changes)

5.5.16	The practice has a protocol in place for hand hygiene, which includes the use of World Health Organization (WHO) posters and signage at hand washing points.		Tools and resources can be downloaded from the WHO website: https://www.who.int/gpsc/5may/tools/en/		20
5.5.17	Shower facilities are available for team members.		There must be hot and cold running water.		20
			TOTAL POINTS AVAILABLE:		~~310~~310
			OUTSTANDING:		~~250~~250
			GOOD:		~~190~~190



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Module 6: In-patients

Core Standards

This module is only applicable to practices with in-patient facilities.

Point	Requirements	Guidance notes	Documents
6.1.1	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.	
6.1.2	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.
6.1.3	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.
6.1.4	Any housing should be compliant with the government Code of Practice for animal welfare.	~~The practice must demonstrate that provisions are made to ensure animal welfare, where there are animals on site but no team members present.~~	
6.1.5	The area used for unloading, loading and examination of animals 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.	

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6.1.6	There must be suitable provision for the storage and preparation of food.		

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Module 6: In-patients

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below if applicable and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
6.2.1	There must be a positive means of identifying the patient while on the premises.	This may involve tagging the patient and/or well-identified accommodation. Assessors will want to see evidence of how this is maintained as the patient moves around the practice premises.	
6.2.2	There must be appropriate facilities in which animals can be safely restrained and examined, as well as diagnostic procedures and surgery be performed.		
6.2.3	An appropriate area out of sight of the general public must be available for the safe euthanasia of animals.		

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6.2.4	All hospitalised animals (other than minor procedures admitted as day cases) must have in-patient sheets recording basic husbandry parameters, with timed and initialled entries, including; - Temperature - Pulse - Respiration - Treatments - Food and water intake - Urine and faeces output - Clinical signs		In-patient sheets.
6.2.5	The practice must provide a range of intravenous fluids, suitable administration sets and catheters for the species treated.		
6.2.6	Feeding and mucking-out equipment must be cleaned and maintained to an appropriate standard.		
6.2.7	The practice must provide facilities and an adequate team for the care of any in-patients.		
6.2.8	All clinical team members must be provided with written guidelines 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.	If the practice can demonstrate that new clinical team members have access at all hours to a senior clinician to discuss cases, written guidelines would not be required although still advisable. The assessor would wish to confirm this arrangement with relevant clinicians.	Induction/training records.

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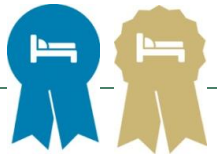
~~Module 6: In-patients~~



Awards Points

There are no Award Points available in this module.

Annex C – Farm Animal edits (with tracked changes)

Point	Requirements	Behaviours	Guidance notes	Documents	Points
6.5.1	Nutritional assessments are carried out for all in-patients, and feeding plans implemented and recorded and regularly re-assessed.		This could be incorporated into the records. Normal feeding regime/diet for admitted animals is recorded from the owner.		20
6.5.2	Provision is made for animal owners/keepers to visit in-patients as appropriate to the condition of the animal.		This may need to be restricted to allow for practice working or health and safety and should take into account the safety of the client and the animal and minimise the risk of disease transmission.		10
6.5.3	A veterinary surgeon or veterinary student under supervision should examine all in-patients at least twice daily and update records accordingly.	Consistent care is provided to patients.	Patient records.		30
6.5.4	The veterinary surgeons and/or veterinary nurses in charge of a case should undertake suitable handover.	Sharing of essential information between parties involved in patient care.	Personnel in charge of an animal should be recorded on the patient record.		20
6.5.5	All patients should have a structured discharge procedure with a member of the team appropriately qualified to discuss the case with the client.		In most cases this should be supported with written discharge instructions.	Admission and discharge protocol.	10

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~~6.5.6~~	~~The practice has a dedicated isolation facility.~~		~~The isolation facility should be separate from the general housing. It must not share air space with the other areas of housing (i.e. walls must extend to the ceiling all round), must not drain into a common area and must be accessible for all purposes (treatment, feeding, cleaning out etc.) without crossing the general housing or treatment area. There should be separate PPE and cleaning out equipment and access to the facility must be restricted to limited personnel who must wear protective clothing. There should ideally be separate hand washing and disinfecting facilities.~~		~~30~~
~~6.5.7~~	~~The practice has the ability to measure acid base balance.~~				~~10~~
~~6.5.8~~	~~The practice has the ability to measure venous/arterial blood gasses.~~				~~10~~
~~6.5.9~~	~~The practice has the ability to measure blood pressure.~~				~~10~~
~~6.5.10~~	~~The practice has the ability to measure electrolytes.~~				~~10~~

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~~6.5.11~~	~~The practice has the ability to measure lactate.~~				~~10~~
~~6.5.12~~	~~The practice has the ability to measure coagulation parameters.~~				~~10~~
~~6.5.13~~	~~The practice has a protocol in place for accessing advice from a service providing veterinary specific advice on the management of poisons.~~			~~Protocol for accessing poisons advice.~~	~~30~~
~~6.5.14~~	~~Individuals have access to a range of suitable resources including the internet in relation to emergency and critical care.~~		~~This could be from journal or the internet.~~		~~30~~
~~6.5.15~~	~~Team members should have access to appropriately trained and experienced colleagues 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 OOH).~~	~~Rotas.~~	~~40~~
~~6.5.16~~	~~Provision to monitor cases at all times based upon clinical requirements.~~		~~This can be remote.~~		~~10~~
~~6.5.17~~	~~There is a protocol in place defining intravenous catheter maintenance.~~		~~This should include instructions on aseptic placement, daily maintenance and replacement schedule.~~	~~Catheter maintenance protocol.~~	~~20~~

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~~6.5.18~~	~~The practice has appropriate equipment to accurately deliver fluids at the appropriate rate.~~		~~This may include infusion pumps and/or syringe drivers appropriate to the caseload.~~		~~30~~
~~6.5.19~~	~~The practice can demonstrate a plan for delivery of intravenous fluids which is reviewed at regular intervals.~~		~~This will include type of fluid, rate of delivery and total volume of delivery.~~		~~40~~
~~6.5.20~~	~~When animals are hospitalised overnight there is a clear protocol for regular appropriate checks, and evidence that these are carried out.~~		~~Assessors will ask to review patient records.~~ ~~Monitoring cannot be remote.~~	~~Protocol for overnight checks.~~	~~20~~
~~6.5.21~~	~~When animals are kept overnight there is a team member responsible for the care of the animals on the premises at all times.~~		~~Team members may take rest periods as long as they remain on the premises.~~	~~Rotas.~~	~~20~~
~~6.5.22~~	~~When animals are kept overnight there is a team member awake at all times who will call the RVN/ veterinary surgeon as needed.~~			~~Rotas.~~	~~30~~

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6.5.23	When animals are kept overnight there is a veterinary surgeon or RVN responsible for the care of the animals on the premises and awake at all times when there is a patient under their care.		An SVN employed by the practice who is enrolled with the RCVS, is actively undergoing training and has successfully completed their first academic year is also acceptable. By 2020, only a veterinary surgeon or RVN will be acceptable. Team members may take rest periods as long as they remain on the premises.	Rotas.	30
6.5.24	Provision to provide 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.	Protocol and training records for blood transfusion.	20
6.5.25	If blood/plasma products are prepared on site, there is a protocol for care and screening of donor animals, and records of blood collections are maintained.			Protocol and training records for blood and plasma transfusion.	30
6.5.26	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.	10

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~~6.5.27~~	~~The practice has a system in place for monitoring and discussing the clinical outcomes of in-patient cases and acting upon the results.~~	~~Open, honest analysis with clear actions and no barriers to feedback.~~	~~It is expected that outcomes will be actively followed up with clients and/or referring practices.~~		~~40~~
~~6.5.28~~	~~The member of the team on the premises and responsible for the overnight care of the animals is a veterinary surgeon or RVN.~~		~~An SVN employed by the practice who is enrolled with the RCVS, is actively undergoing training and has successfully completed their first academic year is also acceptable.~~ ~~By 2020, only a veterinary surgeon or RVN will be acceptable.~~ ~~Team members may take rest periods as long as they remain on the premises.~~	~~Rotas.~~	~~40~~
			~~TOTAL POINTS AVAILABLE:~~		~~620~~
			~~OUTSTANDING:~~		~~500~~
			~~GOOD:~~		~~370~~

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Module 7: Laboratory and Clinical Pathology

Core Standards

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

Point	Requirements	Guidance notes	Documents
7.1.1	Where pathological samples are sent to external organisations, a suitable range of containers, envelopes and forms must be available.	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. For further information please refer to: http://bit.ly/2rXiaHs	
7.1.2	The practice identifies specimens with: - Farm name and holding number - Patient ID - Date of collection - Tests required - Method of collection if applicable - Location of sample - Nature of sample		

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7.1.3	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 carrier's requirements should be available.	SOP for posting and packing. 
7.1.4	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.	
7.1.5	PPE is available and used.		
7.1.6	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.	
7.1.7	The practice has reference materials applicable to the tests carried out.		
7.1.8	Adequate post-mortem facilities must be available or other arrangements made. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased, or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcases ~~or diagnostic quality examination to be performed~~.	When conducting post-mortem examinations full consideration must be given to the health and safety issues. Adequate risk assessment and protocols need to be undertaken and consideration must be given to the provision of suitable protective clothing to guard against zoonoses and spread of infection.	Risk assessment for post-mortems. 

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	There must be an SOP for external post-mortem examinations so that all staff know where to send specimens.		
7.1.9	When making arrangements for a post-mortem examination the practice must ensure that clients are made aware of the level of procedure being undertaken.	The practice must ensure that clients are aware whether or not an autopsy 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.	
7.1.10	The practice has a system in place to ensure suspected notifiable diseases are reported to the appropriate authority.		Protocol for reporting notifiable diseases. 
7.1.11	Where potential zoonotic agent is suspected protocols for control of spread are followed.	Adequate risk assessment and protocols need to be undertaken and consideration must be given to the use of active filtered air extraction, the provision of suitable additional adequate protective clothing and the use of glove boxes or similar, to guard against zoonoses. Team members, clients and statutory authorities are informed.	Risk assessment for zoonoses. 
7.1.12	The practice has designated resources e.g. books, manuals etc. that identify external laboratory tests available to the practice team.		

7.1.13	The practice has a log or system for tracking~~similar tracking mechanism~~ to ensure that, for samples sent to outside labs, results are received, reviewed by veterinary surgeon and conveyed to client and archived.	The log should include: - Farm and p~~P~~atient ID - Date of sample collection - ID of outside laboratory - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival or results can be flagged and followed up as appropriate.	Log.
7.1.14	The practice laboratory meets any statutory requirements.		
7.1.15	The laboratory procedures must be performed in a clean and tidy designated area used specifically for that purpose.	The designated area does not have to be a separate room and may, for example, be part of the dispensary or the preparation area. However, the designated area/bench must be clearly used only for laboratory purposes and must be made of impervious material.	
7.1.16	Only trained personnel perform laboratory tests.	Evidence must be provided of training or CPD for team members in use of all equipment. A list of people trained in handling laboratory specimens and in the risk of laboratory work must be kept. The practice must have a system in place to know where to send the samples for suitable testing.	List of persons trained in lab work. Training records.

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7.1.17	The laboratory has: - Adequate space for performance of tests - Adequate space for storage of reagents - Surfaces which permit efficient handling of specimens - Adequate space for equipment - Countertops and sinks of suitable construction - Adequate heating and lighting - Adequate electrical circuits and outlets - Adequate facilities for hand washing	The designated area does not have to be a separate room and may, for example, be part of the dispensary or the preparation area. However, the designated area/bench must be clearly used only for laboratory purposes and must be made of impervious material. There must be a sink in the laboratory area or a sink accessible to team members without touching door handles. There must be an SOP in place for accessing hand washing facilities in an adjacent room if none is available in the laboratory.	
7.1.18	In-house laboratory has a log or system for tracking ~~similar tracking mechanism~~ to ensure results are received and reviewed by a veterinary surgeon, ~~and~~ conveyed to the client~~s~~ and archived.	The log should include: - Farm and p~~P~~atient ID - Date of sample collection - Time of sample collection - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival of results can be flagged and followed up as appropriate.	Log.
7.1.19	Equipment is maintained according to manufacturers' instructions and this is recorded.		Equipment maintenance records.
7.1.20	There must be suitable arrangements for quality control of automated practice laboratory tests.	Periodic control tests as per the manufacturer's instructions are run and the results documented and acted upon where necessary.	
7.1.21	Reagents are stored according to manufacturer's instructions.		
7.1.22	The practice disposes of test kits and reagents upon expiration in the correct manner.		

7.1.23	Reference range values are available for each species commonly dealt with by the practice.		Reference ranges.

Module 7: Laboratory and Clinical Pathology

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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

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7.2.3	The practice actively engages with its clients (e.g. through HHPs, newsletters or educational events) on the importance of routine disease surveillance and laboratory testing for diseases such as mastitis.		Evidence of client information.

Module 7: Laboratory and Clinical Pathology

Award Points

This module contributes towards the Award in Diagnostic Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
7.5.1	Veterinary clinical pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of pathology CPD.	10
7.5.2	Practice team members' training in laboratory procedures is updated annually and documented.		This could be in-house training. Evidence provided through training records.	Training records.	20

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Annex C – Farm Animal edits (with tracked changes)

7.5.3	There is a nominated person in overall charge of the laboratory facilities and they must have completed relevant training.			Name of designated person and list of their responsibilities. Evidence of relevant training.	30
7.5.4	Outside laboratory services should be provided by a laboratory affiliated with the appropriate disease eradication/monitoring schemes.				20
7.5.5	Histopathology and specialist cytology is performed by pathologists with relevant qualifications.		For example a pathologist with expertise in tissues/species being examined.	Proof of qualification.	10
7.5.6	Cytology (e.g. blood smears, faecal smears, peritoneal fluid, BALs) is performed by team members specifically trained in this discipline.		This includes veterinary surgeons that have undertaken relevant CPD in the last four years.	Training/CPD records.	20

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7.5.7	The practice performs routine bacteriology relevant to its workload (e.g. mastitis and calf scour samples).				20
7.5.8	The practice monitors culture and sensitivity/MIC results to follow local trends in bacterial resistance and informs treatment regimes.	Treatment procedures are informed by results.	Assessors will look for evidence of changes to treatment regimes following a review of test data. See Infection Control Module.		20
~~7.5.9~~	~~The practice actively engages with its clients (e.g. through HHPs, newsletters or educational events) on the importance of routine disease surveillance and laboratory testing for diseases such as mastitis.~~			~~Evidence of client information.~~	~~20~~
7.5.10	The practice routinely performs worm egg counts and records results.		Results of faecal egg count reduction tests are recorded as an indication of anthelmintic resistance.		20
7.5.11	The practice has a means of measuring BHB in ruminants.				10

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7.5.12	The practice has arrangements in place that allow for a full post-mortem to be undertaken on all species they deal with. This includes all sizes of animal up to and including adult cattle.				30
7.5.13	Post-mortem examinations are undertaken by individuals with further training.		Individuals have attended appropriate CPD in the last four years.	Proof of CPD or access to on-line records. 	30
7.5.14	The practice has a method of measuring somatic cell counts in milk samples.				10
7.5.15	The practice makes use of pen-side diagnostic tests to inform treatment decisions for commonly encountered conditions such as calf scour.				20
7.5.16	The practice has equipment for on farm nutritional monitoring.				10
7.5.17	The practice has a microscope with a heated stage for assessment of semen samples.				10

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7.5.18	If bacteriology is undertaken on site, adequately trained technicians must be available. If bacteriology is not undertaken on site, there should be evidence that samples are being regularly sent to an appropriate external laboratory.	Evidence of appropriate training for accurate interpretation and regular quality control of bacterial cultures is required.		Evidence of training.	20
7.5.19	The practice carries out a regular laboratory sample technique audit. There is evidence that any unexpected or erroneous results have been re-tested.		This should include records of artefacts e.g. lipaemia, haemolysis etc. in order to identify potentially rectifiable problems.	Audit report.	10
7.5.20	The practice has an in-house laboratory that is in a designated room, which is not used for any other purpose.				30
7.5.21	The practice performs cytology of effusions and synovial fluids where appropriate.				10

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Annex C – Farm Animal edits (with tracked changes)

7.5.22	The practice makes pen-side diagnostic tests available to farmers along with suitable training.				10
7.5.23	The practice has the ability to record semen assessments and to store the video.				10

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7.5.24	The practice has proof of validation for all automated laboratory equipment.		This would involve checking: - if there is any published (or unpublished if not) evidence that shows that the make of machine used by the practice provides accurate, reproducible results - whether there are circumstances where the make of machine might not produce accurate, reproducible results - how the make of machine compares to other machines - whether the practices own machine gives accurate, reproducible results Further guidance is available from BSAVA [insert link once available].		10

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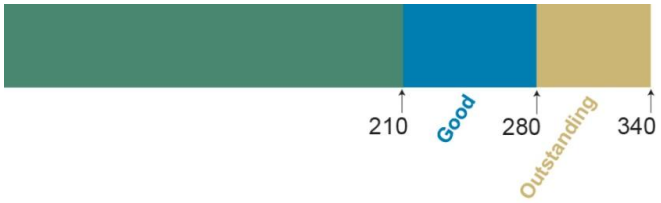
Annex C – Farm Animal edits (with tracked changes)

			TOTAL POINTS AVAILABLE:		~~340~~390
			OUTSTANDING:		~~280~~310
			GOOD:		~~210~~230



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Module 8: Medicines

Core Standards

Point	Requirements	Guidance notes	Documents
8.1.1	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.	
8.1.2	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. 
8.1.3	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.	
8.1.4	Medicines must not be available for self-service except those with a category of AVM-GSL.	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.	

	POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public.		
8.1.5	Accurate records of POM-V and POM-VPS medicines received and supplied must be kept.	See VMD guidance, Record keeping requirements for veterinary medicines: http://bit.ly/1PYL513 Records for POM-V or POM-VPS medicines must include: - The date - The name of the veterinary medicinal product - 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) - The quantity - The name and address of the supplier or recipient - If there is a written prescription, the name and address of the person who wrote the prescription and a copy of the prescription Records must be kept for 5 years. ~~Records of products administered to food-producing animals by a veterinary surgeon:~~ ~~A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter:~~ ~~- Name of the veterinary surgeon~~ ~~- Name of the product and the batch number~~ ~~- Date of administration of the product~~ ~~- Amount of product administered~~ ~~- Identification of the animals treated~~ ~~- Withdrawal period~~	Medicines records.

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		~~Records of products administered to food-producing animals under the Cascade:~~ ~~A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record:~~ ~~– Date of examination of the animal(s)~~ ~~– Name and address of the owner of the animal(s)~~ ~~– Identification and number of animals treated~~ ~~– Result of the veterinary surgeon's clinical assessment~~ ~~– Trade name of the product if there is one~~ ~~– Manufacturer's batch number shown on the product, if there is one~~ ~~– Name and quantity of the active substances~~ ~~– Doses administered or supplied~~ ~~– Duration of treatment~~ ~~– Withdrawal period~~ ~~When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual animal's number.~~	

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8.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).	There must be proper monitoring and recording of maximum and minimum temperatures 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. 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. 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.~~There must be proper monitoring and recording of maximum and minimum temperatures in the refrigerator and dispensary, and where temperatures have been recorded out with the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected medicines. Consideration should be given to the use of alarms to indicate when temperatures stray out of set parameters.~~ ~~Data loggers and maximum/minimum thermometers will provide constant monitoring. However, for those without an alarm to warn of temperature deviations, and for maximum/minimum thermometers, checks are required to be made daily and assessors will ask to see~~	

		~~written records, produced on a weekly basis, showing the results for the week. If maximum and minimum temperature recordings are being taken wherever medicines are stored it is not necessary to take additional recordings of ambient temperatures.~~ ~~Ideally temperature sensitive medicines should only be taken out on vehicles on a "by use" basis, but whether being stored or transported, measures should be taken to ensure that products remain within the temperature range specified on their SPC e.g. by use of a cool box or refrigerated unit. The suitability of such measures should be demonstrated.~~	
8.1.7	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.~~.~~	
8.1.8	Records of medicines administered to food-producing animals must include batch numbers.	Records of products administered to food-producing animals by a veterinary surgeon: A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter: - Name of the veterinary surgeon - Name of the product and the batch number - Date of administration of the product - Amount of product administered - Identification of the animals treated - Withdrawal period Records of products administered to food-producing animals under the Cascade:	Medicines records.

		A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record: - Date of examination of the animal(s) - Name and address of the owner of the animal(s) - Identification and number of animals treated - Result of the veterinary surgeon's clinical assessment - Trade name of the product if there is one - Manufacturer's batch number shown on the product, if there is one - Name and quantity of the active substances - Doses administered or supplied - Duration of treatment - Withdrawal period When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual animal's number.~~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.~~	
8.1.9	An adequate supply of medicines and materials used in the treatment of patients must be readily available. There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation.	Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.	

8.1.10	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.
8.1.11	Medicines should be disposed of in accordance with the current legislation.	Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include: - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded - A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: http://bit.ly/1DNgZNd A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity. A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so.	

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		Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV.UK guidance: http://bit.ly/2CnxRhV	
8.1.12	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.	Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. Schedule 2: Includes 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. 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. Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol.	

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		Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD guidance Controlled drugs: Veterinary medicines: http://bit.ly/1KYuc7h	
8.1.13	If Controlled Drugs are kept, these must be recorded according to current legislation.	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. Schedule 2: Record all purchases and each individual supply (within 24 hours). Registers must be kept for two calendar years after the last entry. Schedule 3, 4 and 5: No requirement for recording in Register but invoices must be retained for 5 years. A Register should be kept for each Controlled Drug) and prescriptions against which supplies of Controlled Drugs of Schedule 2 and 3 have been made, to confirm in particular: - That appropriate records are kept - That any out-of-date Controlled Drugs have been destroyed by an authorised person	Controlled Drugs register.

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		For supplies of Controlled Drugs of Schedules 2 and 3, against other veterinary surgeon's prescriptions: - The prescriptions have been retained at least two years - The date on which the supply was made is marked on the retained prescriptions - The supply of Controlled Drugs was made within 28 days of the appropriate date on the prescription (also for supplies of Controlled Drugs of Schedule 4) - The name of the person who collected the Controlled Drugs is recorded in the Controlled Drugs Register (for Controlled Drugs of Schedule 2 only) An example of a Controlled Drugs Register which details the information that needs to be recorded can be found at: http://bit.ly/1HITobl	
8.1.14	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.	It is expected that running totals will be kept and checks against stock carried out at least weekly. It is considered good practice to have a written SOP setting out who is authorised to access the Controlled Drugs cabinet and for what purposes. The SOP may also cover ordering (requisition), receipt, supply and disposal of Controlled Drugs as well as the regular changing of codes if a keypad safe is used. The SOPs should include details of: - Who has access to Controlled Drugs - Who is responsible for checking stock against the Register - Who to alert in the event of a discrepancy	Controlled Drug SOPs.
8.1.15	Medicines must be prescribed and supplied according to current legislation.	A veterinary surgeon who prescribes a POM-V medicine must first carry out a clinical assessment of the animal and the animal must be under his or her clinical care. See Chapter 4 of the supporting	

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		guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1MqalPI A veterinary surgeon who prescribes a POM-V or POM-VPS medicine must be satisfied that the person who will use the product will do so safely, and intends to use it for the purpose for which it is authorised. POM-V and POM-VPS medicines may be prescribed and supplied by a veterinary surgeon. Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon and the supply made by another veterinary surgeon (or a pharmacist) on the authority of that prescription. There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements. Medicated feeding stuffs containing POM-V medicines may only be prescribed by a veterinary surgeon. A veterinary surgeon or SQP may prescribe a feeding stuff containing a POM-VPS medicine. Additional approval as a Distributor is required to supply medicated feeding stuffs. For further information please refer to VMD guidance Manufacturing and supplying veterinary medicines for animal feed: http://bit.ly/1JW38Fn If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must: - Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet - Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)	

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8.1.16	If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he or she must: - Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contraindications on the label or package leaflet - Not prescribe more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR) - There are specific requirements for the prescription of medicated feedingstuffs containing a veterinary medicinal product, as laid out in Schedule 5, paragraph 19 of the Veterinary Medicines Regulations (VMRs).	Use of the BVA prescription form is recommended. Copies of written prescription forms must be available for the assessor to view. For the requirements for the prescription of medicated feedingstuffs containing a veterinary medicinal product, see Schedule 5, paragraph 19 of the Veterinary Medicines Regulations (VMRs): http://www.legislation.gov.uk/uksi/2013/2033/schedule/5.	
8.1.17	Having prescribed a POM-V or POM-VPS medicine, if the veterinary surgeon is not present when the medicine is handed over, they must: - Authorise each transaction individually before the medicine is supplied - Be satisfied that the person handing it over is competent to do so	A veterinary surgeon could meet the requirement to authorise each transaction by: - Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine - Making a note on a client's record that repeat prescriptions could be supplied to the client - A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied - In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply Note: A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines.	
8.1.18	If a veterinary surgeon or SQP supplies an NFA-VPS they must: - Be satisfied that the person who will use the medicine will do so safely, and intends to use it for the purpose for which it is authorised	In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS.	

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	- Each time the medicine is supplied, advise on its safe administration and on any warnings or contraindications on the label or package leaflet - Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3, paragraph 7 of the VMR)		
8.1.19	In the case of supply of sheep dips, the customer/user must provide a certificate of competence in the safe use of sheep dips and must be provided with two pairs of gloves with every product prescribed and supplied, as well as a laminated notice. Sheep dip certificate numbers must be retained for at least three years.		
8.1.20	All containers and outer packs dispensed by the practice must be legibly and indelibly labelled with sufficient information.	Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine. POM-V: All POM-V medicines supplied by the practice must be labelled with the following information: - The name and address of the animal owner - The name and address of the veterinary practice supplying the medicine - The date of supply - The words “keep out of the reach of children”	

		- The words “for animal treatment only” unless the package or container is too small for it to be practicable to do so - The words “for external use only” for topical preparations - The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: - Identification (including species) of the animal or group of animals - Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual And, unless already specified on the manufacturer’s packaging: - Any special precautions - The expiry date - Any necessary warnings for the user, target species, administration or disposal of the product - A specified withdrawal period	
8.1.21	Veterinary medicinal products must be supplied in appropriate containers.	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. 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	

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		instructions, warnings and contraindications can be included on the dispensing label.	
8.1.22	Practices must make clients aware that they can request a prescription.	Advise clients, by means of a large and prominently displayed sign or signs (in the waiting room or other appropriate area), with reference to the following: - "Prescriptions are available from this practice." - "You may obtain Prescription Only Medicines Veterinary, (POM-Vs) from your veterinary surgeon OR ask for a prescription and obtain these medicines from another veterinary surgeon or a pharmacy." - "Your veterinary surgeon may prescribe POM-Vs only for animals under their care." - "A prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary." - "You will be informed, on request, of the price of any medicine that may be dispensed for your animal." - "The general policy of this practice is to re-assess an animal requiring repeat prescriptions every [xx] months, but this may vary with individual circumstances. The standard charge for a re-examination is £ [xx]." - "Further information on the prices of medicines is available on request." The practice should provide new clients with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter or terms of business document. On a continuing basis, the practice should take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter. Reasonable steps may	Copy of notice and information for new clients. 

		include a combination of practice leaflets, client letters, and information on practice websites.	
8.1.23	The practice must provide the price of any relevant veterinary medicinal product stocked or sold, to clients or other legitimate enquirers making reasonable requests.	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. 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.	

8.1.24	Medicines must be used in accordance with the legislation commonly referred to as the Cascade.	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. 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: http://bit.ly/1M7S8qy 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: 1. A veterinary medicinal product authorised in the United Kingdom for use with another animal species, or for another condition in the same species If, and only if, there is no such product that is suitable, either: 2. A medicinal product authorised in the United Kingdom for human use or 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) 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 5. If a veterinary surgeon considers that there is not a suitable veterinary medicinal product authorised in the UK or another EU	Protocol for unauthorised medicine use.

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		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	
8.1.25	Consent for products supplied under the Cascade is required.	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. It is not acceptable to use an all embracing "general" lifelong consent for any and all off-label products that might be given to any animal. Specific consent needs to be obtained for each unauthorised medicine used, however it is acceptable where there is a specific ongoing condition requiring unauthorised medicine for a lifelong consent form to be used for that particular medicine in that particular animal. Similarly in the case of exotics where there are no licensed products available, it is acceptable to use lifetime consent. Assessors will ask to see completed off-label forms not just that a stock of blank forms is held. Copies of prescriptions must be available for the assessor to view. The VDS can supply a suitable template for these consent forms: http://bit.ly/1Pnu6FX	Completed consent forms.
8.1.26	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: http://bit.ly/1DNggVE	Protocol for suspected adverse event reporting.

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8.1.27	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.	
8.1.28	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.	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. Antimicrobials advice is available from the BVA: http://bit.ly/1INIe6Z as well as their antimicrobials poster for use in practice: http://bit.ly/1iIN5jK The BSAVA also provides advice on the responsible use of antimicrobials: http://bit.ly/2e5GX7g BEVA provides its own antimicrobials guidance: http://bit.ly/2fiPNys	
8.1.29	For medicines requiring special handling e.g. cytotoxic/cytostatic/certain hormones the practice has in place SOPs for their storage, administration and disposal.	The RCVS provides guidance for chemotherapy drugs. See Chapter 4, point 4.39 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1MqalPI	SOP for cytotoxic medicine use.
8.1.30	A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones, 3rd and 4th generation cephalosporins and colistin). This will include culture and sensitivity to show that no other, non-critical antimicrobials could be used in the place of a HP-	The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. The aim is to reduce the use of antibiotics considered to contribute to antimicrobial resistance.	

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	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.	In each and every situation where HP-CIAs are deemed necessary, culture and sensitivity should be carried out. If the farm history suggests that an HP-CIA is the most appropriate choice, these can be used only while awaiting results of diagnostics. Ongoing use of HP-CIAs is justified only with evidence of continued resistance to alternative treatments being demonstrated. Disc diffusion is the standard method of assessing antimicrobial sensitivity in diagnostic laboratories. The results are recognised as providing a useful guide, but in vitro sensitivity or resistance does not always correlate with in vivo sensitivity or resistance. The results should, therefore, be used in the context of the clinical response on-farm and the pharmacokinetic/pharmacodynamic properties of each antimicrobial. Information on the antimicrobials contained within the group HP-CIA can be found on http://bit.ly/2q0JCmU The RUMA Guidelines on Responsible Use of Antimicrobials can be found on http://bit.ly/2Egcgo5 The Pig Veterinary Society (PVS) have published guidance on antimicrobial use which can be found on the open part of its website http://bit.ly/2EjhnUG	

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Module 8: Medicines

General Practice

Point	Requirements	Guidance notes	Documents
8.2.1	A Practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones, 3rd and 4th generation cephalosporins and colistin). This will include culture and sensitivity to show that no other, non-critical antimicrobials could be used in the place of a HP-CIA as a first-line treatment.	The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. The aim is to reduce the use of antibiotics considered to contribute to antimicrobial resistance. In each and every situation where HP-CIAs are deemed necessary, culture and sensitivity should be carried out. If the farm history suggests that an HP-CIA is the most appropriate choice, these can be used only while awaiting results of diagnostics. Ongoing use of HP-CIAs is justified only with evidence of continued resistance to alternative treatments being demonstrated. NB - Disc diffusion is the standard method of assessing antimicrobial sensitivity in diagnostic laboratories. The results are recognised as providing a useful guide, but in vitro sensitivity or resistance does not always correlate with in vivo sensitivity or resistance. The results should, therefore, be used in the context of the clinical response on farm and the pharmacokinetic/pharmacodynamic properties of each antimicrobia. Information on the antimicrobials contained within the group HP-CIA can be found on http://bit.ly/2q0JCmU The RUMA Guidelines on Responsible Use of Antimicrobials can be found on http://bit.ly/2EgcgoS	

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		~~The Pig Veterinary Society (PVS) have published guidance on antimicrobial use which can be found on the open part of its website http://bit.ly/2EjhnUG~~	
8.2.2	All labels must be mechanically or machine produced, handwritten labels are not acceptable.	Handwritten labels for ambulatory practitioners or those on visits are considered acceptable for reasons of practicality, as the majority of details (i.e. veterinary practice address) are pre-printed onto labels the additional information can be added by hand.	
8.2.3	All team members involved in dispensing medication must be trained and there must be protocols in place, including systems to reduce errors.	Training can be internal by means of SOPs. Systems to reduce errors should include double checking systems for dispensed medicines.	
8.2.4	The practice has a protocol for antimicrobial use in common conditions encountered.	These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol.	Written protocol. 
8.2.5	If unauthorised medicines are prescribed under the cascade there is a treatment protocol made available for the client to follow.		
8.2.6	The practice regularly reviews the medicines usage on the farms under their care.		

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Module 8: Medicines

Award Points

This module contributes towards the Awards in Team and Professional Responsibility and Advisory/Consultation Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
8.5.1	A team member has recently attended further training in dispensing and medicines legislation.	Team members that receive the training ensure that there is transfer of knowledge to other members of the practice team.	This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. BSAVA dispensing course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	Evidence of attendance at course or access to online CPD records.	30
8.5.2	The practice has a designated person responsible for the running of the dispensary.		This person would be expected to ensure that dispensary SOPs are available and the team is trained in their use.	Name of designated person and list of their responsibilities.	30
8.5.3	The practice has a designated person responsible for auditing Controlled Drugs		This person must be a veterinary surgeon or RVN.	Name of designated person	20

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	by checking the Register balance and the amount in stock at least weekly.		In the absence of the designated person an appropriate deputising system is in place.	and list of their responsibilities.	
8.5.4	The dispensary has a clearly demarcated work surface for the preparation of prescriptions and medications.				10
8.5.5	Injectable medicines drawn up into syringes are appropriately labelled if they are not to be used immediately.		Identification of the product, when it was drawn up and by whom. A protocol is in place to ensure syringes are correctly disposed of within an appropriate timeframe if not used.		10
~~8.5.6~~	~~There is a clear storage system for medications awaiting collection by clients that ensures they are held under the appropriate conditions.~~		~~This applies to systems inside the clinic and to out-of-hours medicine collection arrangements.~~ ~~There should be a system in place to audit those medicines not collected.~~		~~10~~
8.5.7	The practice provides information to its clients on appropriate and responsible medicine usage.				20
8.5.8	The practice ~~regularly reviews the medicines usage on the farms under their care and~~ works with clients to ensure the appropriate use of antimicrobials and anthelmintics.				20

8.5.9	The practice employs a Suitably Qualified Person (SQP).		An SQP as defined by AMTRA / Vet Skill.	Copy of AMTRA SQP certificate. 	10
8.5.10	The practice has ready access to appropriate and current reference materials relevant to the use of medicinal products.		These could be the BVA guide, the BSAVA formulary, the BEVA formulary app and/or VMD guidance notes.		10
8.5.11	The practice uses SOPs, which should include systems in place for handling veterinary medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
8.5.12	The practice uses SOPs, which should include systems in place for stock and date control.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
8.5.13	The practice uses SOPs, which should include systems in place for placing orders.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
8.5.14	The practice uses SOPs, which should include systems in place for unpacking drug orders.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
8.5.15	The practice uses SOPs, which should include systems in place for labelling medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10

8.5.16	The practice uses SOPs, which should include systems in place for temperature and environmental monitoring protocols.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
8.5.17	The practice uses SOPs, which should include systems in place for disposal of out of date and returned medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
8.5.18	The practice uses SOPs, which should include systems in place to prevent errors when dispensing medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
8.5.19	The practice has a system in place for updating all members of the practice team on new products or changes in the SPCs for current products.	The practice updates team members regularly.	This could be via a new product notice board, monthly updates at practice meetings or NOAH updates.		20
8.5.20	If the practice is an internet retailer they are accredited by the VMD under the AIR Scheme.				10
8.5.21	The PMS identifies unauthorised products used under the Cascade and prompts the user to label correctly and use appropriate consent forms.				20
8.5.22	The PMS automatically labels unauthorised products used under the Cascade correctly and automatically produces a consent form.				10

~~8.5.23~~	~~The practice has a protocol for antimicrobial use in common conditions encountered.~~		~~These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom.~~ ~~Assessors will require an example of a written protocol.~~	~~Written protocol.~~	~~30~~
8.5.24	The practice has a protocol for endo-parasiticide and ecto-parasiticide use.		These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol.	Written protocol.	30
8.5.25	Dispensing procedures are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits. Near misses should also be discussed.	Audit report.	20
8.5.26	There is a system in place for the collection of medicines out-of-hours.		A degree of secure access and environmental controls should be considered.	SOP or protocol.	10
8.5.27	There is a system in place for the delivery or collection of dispensed medicines.		This applies to systems inside the clinic and to out-of-hours medicine collection arrangements.		10

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			There is a clear storage system for medications awaiting collection by clients, or delivery to clients, that ensures they are held under the appropriate conditions. There should be a system in place to audit those medicines not collected.		
8.5.28	The practice communicates to its clients how repeat prescriptions are ordered and dispensed.				10
8.5.29	The practice has appointed an antibiotic guardian(s) to oversee the appropriate use of HP-CIAs and adherence to the written policy on the prescription of these.		The antibiotic guardian(s) should be appointed in writing and there should be a list of their duties.		30
8.5.30	The practice has systems in place to monitor the appropriate use of HP-CIAs.				20
8.5.31	Clients are guided by their vets with regards to responsible and knowledgeable medicine use.		On farm treatment protocols for farmers are provided for the most common conditions seen on that farm.		30
8.5.32	Client education is provided to help farmers deal with and avoid future bulk milk tank failures.		For example, through the MilkSure course (https://milksure.co.uk/).		20
8.5.33	The practice provides training for farm staff members responsible for administering medicines.		This should ensure competence in: - Medicine handling - Administration		30

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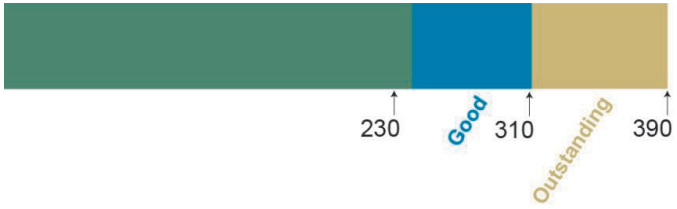
Annex C – Farm Animal edits (with tracked changes)

			- Storage - Recording requirements - Avoiding residues - Appropriate use		
			TOTAL POINTS AVAILABLE:		~~390~~510
			OUTSTANDING:		~~310~~410
			GOOD:		~~230~~310



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Module 9: Medical Records

Core Standards

Point	Requirements	Guidance notes	Documents
9.1.1	The practice must maintain an efficient system of documenting and filing clinical records. It must also comply with the General Data Protection Regulations.	See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/ ~~The General Data Protection Regulations (GDPR), will be implemented in the UK on 25 May 2018 and will replace existing data protection legislation, the Data Protection Act 1998 (DPA).~~ 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. 'GDPR - RCVS information and Q&As' can be downloaded from ~~General guidance can be found on~~ the RCVS website at: http://bit.ly/2IBYIKX 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: http://bit.ly/2rXiaHs	

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		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 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. Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt http://bit.ly/2ke4QKz), 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.	
9.1.2	~~Where appropriate,~~ Rrecords must be maintained for each animal or group. There must be adequate back-up for computerised records.		
9.1.3	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.	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	

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		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 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. 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.	
9.1.4	Before any diagnostic or surgical procedure is performed on an animal, informed consent must be obtained~~e sought~~.	Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable 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. Further guidance on informed consent is available from the RCVS website: http://bit.ly/2qVzqfG It is recognised that in an emergency it may be necessary to perform procedures without prior consent.	

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9.1.5	Likely charges must be discussed with clients and updated as necessary.	Discussion should take place with the client covering a range of diagnostic and treatment options and prognoses (including euthanasia), and the likely charges, so as to ensure that the client is in a position to give informed consent. 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.	
9.1.6	Itemised invoices must be available at the request of the client.	Itemised invoices may be produced by computer or manually and must include a breakdown of services, drugs and consumables, VAT and any surcharges.	Itemised invoices.
9.1.7	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.	See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/ Veterinary surgeons must keep clear, accurate and detailed clinical and client records. Team members must be aware of the requirements of relevant General Data Protection Regulations.	
9.1.8	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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9.1.9	Veterinary surgeons are aware of their professional obligations in relation to their communications with each other and when sharing or taking over care of a new client.	When a practice is approached by a new client, a veterinary surgeon should ask whether they are already under the care of a veterinary surgeon and, if so, 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 animal(s). If the client refuses to provide information, the work should be declined. Where different veterinary surgeons are treating the same animal or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. Even where two veterinary surgeons are treating different groups of animals owned by the same client, ~~it is still advisable for each to~~each should keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1LaRCay	

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Module 9: Medical Records

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
9.2.1	The practice seeks written consent for major surgery and euthanasia.	Written consent follows from discussions with the client. It is accepted that in some emergency situations written consent may not be possible. This applies to animals seen at the owner's premises or at the practice.	Signed consent forms.
9.2.2	Signed consent forms are usually required for all clinical procedures when the patient is admitted to the care of a veterinary surgeon. This will include diagnostics, medical treatments, surgery and euthanasia.	Consent follows from discussions with the client. If treatment changes during the course of investigation, telephone consent is allowed, but should be recorded in the clinical records.	Signed consent forms.
9.2.3	Where there are hospitalised animals they must have in-patient sheets recording basic husbandry parameters, with timed and initialled entries: - Temperature - Pulse - Respiration - Treatments - Food and water intake - Urine and faeces output - Clinical signs - Demeanour		Hospital sheets.

9.2.4	The practice system is capable of passing patient records between premises within the same practice group.		
9.2.5	Complete records must contain the following information, where applicable: - Owner identification: • Name • Address • Contact telephone numbers - Patient identification: • Species • Breed • Age • Sex • Ear-tag number and freeze-brand - Clinical information: • Dates of all examinations, investigations, treatments • Author of clinical records • History and details of clinical examination, investigations provisional diagnosis and treatments • Medicine batch numbers and withdrawal periods • Special considerations e.g. abnormal drug reactions by patient or client, concurrent clinical conditions • Repeat prescriptions e.g. authorisation and review date - External communications: • Referrals and laboratory reports • Consent forms and estimates	It is prudent to include plans for future treatment or investigations, details of proposed follow-up care or advice, notes of telephone conversations, fee estimates or quotations, consents given or withheld and contact details. The practice should have the ability to separate clinical and financial records so that clinical records can be forwarded without financial information. 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, provisional or confirmed diagnoses, and advice given to the client. See Chapter 13 of the supporting guidance to the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1MrzGc1	Clinical records.
9.2.6	The practice system is capable of allowing vets to access medical records via a mobile device or via previous dockets left on a farm, to ensure clinical continuity.		

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9.2.7	The practice uses a computerised practice management system.	The computerised clinical records are accessible at all premises within the same practice group.	
9.2.8	There is easy access to the farm medical record from associated clinical documentation; digitalised, scanned or paper.	E.g. laboratory reports, herd/flock health plans, Defra reports.	

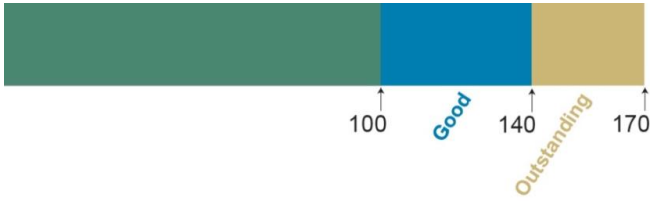
Module 9: Medical Records

Award Points

This module contributes towards the Award in Team and Professional Responsibility; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
~~9.5.1~~	~~The practice uses a computerised practice management system.~~		~~The computerised clinical records are accessible at all premises within the same practice group.~~		~~50~~
~~9.5.2~~	~~A system is in place to access clinical records when away from the practice premises or office.~~		~~This could be real-time access, computerised record copies or print-outs.~~		~~30~~
~~9.5.3~~	~~Records include diagnostic, therapeutic and ongoing disease surveillance plans.~~		~~This should be in a form that is understandable to the whole practice team, ideally using standardised medical nomenclature.~~	~~Clinical records.~~	~~30~~
~~9.5.4~~	~~The practice is working towards a standardised medical nomenclature.~~		~~This can either be based on a local nomenclature or other standard system.~~ ~~Evidence of training for all team members using the system.~~		~~10~~

~~9.5.5~~	~~The clinical records system is set up in such a way as to allow data mining for the purposes of clinical governance, clinical audit, benchmarking, clinical research etc.~~		~~The records system can search e.g. name of procedure.~~		~~20~~
~~9.5.6~~	~~There is easy access to the farm medical record from associated clinical documentation; digitalised, scanned or paper.~~		~~E.g. laboratory reports, herd/flock health plans, Defra reports.~~		~~30~~
			TOTAL POINTS AVAILABLE:		~~170~~
			OUTSTANDING:		~~140~~
			GOOD:		~~100~~



Module 10: ~~Nursing~~ Technicians and Paraprofessionals

Core Standards

Point	Requirements	Guidance notes	Documents
10.1.1	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.
10.1.2	Any practice team members that are involved in assisting with clinical animal activities are required to have appropriate training.~~Where support team members are required to assist with clinical activities, assessors will ask to see evidence of appropriate training.~~	Evidence may be provided verbally, with assessors speaking to a cross-section of the team.	Training records.
10.1.3	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 the team.	Training records.

Module 10: ~~Nursing~~ Technicians and Paraprofessionals

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
10.2.1	The practice has a written policy for liaison veterinary paraprofessionals.	This would be expected to include an outline of role and responsibilities, and should be in place even where paraprofessionals (e.g. foot trimmers or veterinary technicians) are employed by the practice.	Written policy for liaison veterinary para-professionals.
10.2.2	Paraprofessionals undertaking work for the practice must be appropriately trained.	This includes external paraprofessionals contracted by the practice. Their work should be monitored and reviewed by the practice. Best practice would involve including paraprofessionals in the practice arrangements for clinical governance.	Training records.

Module 10: ~~Nursing~~ Technicians and Paraprofessionals

Award Points

There are no Award Points available in this module.

Module 11: Out-of-Hours

Core Standards

Point	Requirements	Guidance notes	Documents
11.1.1	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 *RCVS Code to Professional Conduct* for further information: http://bit.ly/1J80rzD Veterinary surgeons taking steps to provide emergency first aid and pain relief for animals should provide protocols for on-duty veterinary surgeons.	
11.1.2	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 *RCVS Code to Professional Conduct* for further information: http://bit.ly/1J80rzD Practices must demonstrate availability of information for species/cases outside of their competencies is available to on duty veterinary surgeons.	
11.1.3	It is acceptable for clients' initial contact to be with an automated or remote device such as an answering machine used to give a duty telephone number.	Where non-veterinary surgeons answer the phone the practice must demonstrate the provisions for contacting the duty veterinary surgeon.	
11.1.4	Ideally informed consent and discussion of costs should precede treatment however in acute emergencies immediate first aid and pain relief should not be delayed.	Team members are aware of practice protocols in the case of acute emergencies.	

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11.1.5	When covering for another practice or providing out-of-hours services a written agreement must be entered into, including a protocol for handover of cases.		Copy of written agreement with other practice.
11.1.6	Practices should inform all clients of their out-of-hours (OOH) arrangements.	Clients should be provided with information on the emergency service, including relevant telephone numbers, location details and the likely initial costs of a consultation. A written duty rota or formal written arrangement with an alternative veterinary surgeon/practice and by what means the practice informs clients of the out-of-hours arrangements should be available. Assessors may interview clients as to how they are informed of OOH arrangements.	Client information on out-of-hours arrangements.
11.1.7	Proper safety precautions must be taken for team members on duty at night. An appropriate protocol for dealing with night-time calls must be in place. Suitable means must be available to enable team members to call for immediate assistance when necessary.	See Chapter 3 of the supporting guidance for the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1J80rzD	Protocol for night callers and lone working.

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Module 11: Out-of-hours

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
11.2.1	If OOH cover is provided by veterinary surgeons not normally working with that species, or who are inexperienced, then suitable training, CPD and backup must be demonstrated.		CPD records or access to online CPD records.
11.2.2	Practices can only outsource their OOH provision to practices that meet or exceed their own level of accreditation.	This refers to the base categories of Core/General Practice for the species covered and must be in place by 2020. This requirement does not relate to any Awards.	

Module 11: Out-of-hours

Award Points

There are no Award Points available in this module.

Module 12: ~~Out-Patients~~Farm Consultation

Core Standards

Point	Requirements	Guidance notes	Documents
12.1.1	Consulting areas whether mobile or static should have equipment appropriate for the range of species treated in that area.	Minimum of a stethoscope and thermometer must be available for clinical examination. Minor surgical instruments such as scissors and forceps must be available. All equipment should be cleaned and disinfected after use between farms. A dynamic risk assessment should be performed to assess the suitability of the area.	
12.1.2	Vehicles routinely used for practice must be clean, tidy and well maintained and equipped sufficiently to enable basic procedures to be performed at the client's premises.	Assessors will view as many vehicles as practicable (ideally 50% of all vehicles) to be reasonably sure that this standard is met.	
12.1.3	Contaminated items, waste materials (including sharps) must be transported and disposed according to regulations.	See Infection Control Module, Core Standard Requirement 5.1.1 regarding biosecurity policy ~~and~~ and Practice Team Module, Core Standards requirement 14.1.32 regarding waste management. See also the BVA Good practice guide to handling veterinary waste in England and Wales: http://bit.ly/1WfH1P6	
12.1.4	If mobile phones have to be used whilst driving vehicles, a hands free kit must be available.	Hands free kits should not encourage mobile communication whilst driving.	

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Annex C – Farm Animal edits (with tracked changes)

12.1.5	Equipment should be stowed so as not to risk accident or injury.		
12.1.6	The practice must have a means of estimating the weight of species routinely treated.	Weight should be determined as accurately as possible using either scales or weight tapes.	
12.1.7	A client database should be provided with post codes for satellite navigation, and grid references for OS maps if relevant. This can be either in hard copy format (updated at least quarterly) or an online database accessible via a digital device.	Practices should be aware of their obligations under GDPR when handling client address details.	
12.1.8	A dynamic risk assessment of handling facilities must be performed.		
12.1.9	All vehicles should contain a clinical waste area and sharps bin.		

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Module 12: ~~Out-Patients~~Farm Consultation

General Practice

Requirement 2 only applies if the practice sees patients at its premises. To achieve a General Practice accreditation you will need to adhere to all of the relevant points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
12.2.1	The practice must have access to advice from a service providing veterinary specific advice on the 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.
12.2.2	The area used for unloading, loading and examination of large animal patients must be able to be secured to prevent escape of the patient.	The consultation area could, in certain circumstances, be in the back of a trailer. However, if animals are being off-loaded (and not examined on-trailer) the area must be secure. It would be acceptable to tailgate into a building so long as the vehicle was driven right up to the building. If unloading takes place into an open car park, there must be a gate to close off the car park. If unloading occurs there should be adequate restraint and handling facilities available to maintain safety of staff.	
12.2.3	All clinical team members must be provided with written guidelines 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.	If the practice can demonstrate that new clinical team members have access at all hours to a senior clinician to discuss cases, written guidelines would not be required although still advisable. The assessor would wish to confirm this arrangement with relevant clinicians.	Induction/ training records.

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Module 12: ~~Out-Patients~~Farm Consultation

Award Points

This module contributes towards the Award in Advisory/Consultation Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
12.5.1	CPD relevant to flock or herd health and production ~~farm animal practice~~ has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of farm animal practice CPD.	10
12.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) relevant to farm animal practice and there is evidence of dissemination to the rest of the team.		This could be in sheep/cattle/camelids/pigs/poultry etc. Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20
12.5.3	At least one MRCVS has a post-graduate qualification relevant to farm animal	This person will be expected to be involved in drawing up and	This includes AP status or a relevant old style Certificate.	Proof of qualification.	30

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	practice and there is evidence of dissemination to the rest of the team.	implementing protocols and team training in farm animal practice.	If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.		
12.5.4	Written management guidelines/recommendations are in place for lameness.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.5	Written management guidelines/recommendations are in place for nutritional management.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing	Written management guidelines.	10

			practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.		
12.5.6	Written management guidelines/recommendations are in place for mastitis and milk quality.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.7	Written management guidelines/recommendations are in place for respiratory disease.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members.	Written management guidelines.	10

			This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.		
12.5.8	Written management guidelines/recommendations are in place for biosecurity.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10

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12.5.9	Written management guidelines /recommendations are in place for notifiable diseases.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.10	Written management guidelines /recommendations are in place for dystocia and obstetrical emergencies.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.11	Written management guidelines /recommendations are in place for endoparasites.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base.	Written management guidelines.	10

			Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.		
12.5.12	Written management guidelines /recommendations are in place for ectoparasites.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.13	Written management guidelines /recommendations are in place for vaccination and infectious disease control.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing	Written management guidelines.	10

			practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.		

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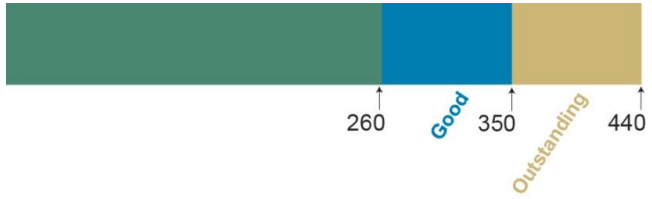
12.5.14	Written management guidelines /recommendations are in place for fertility.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.15	Provision of advanced reproductive services (female).		The practice has at least one team member who is suitably trained and has the necessary equipment to perform embryo transfer.		20
12.5.16	Provision of advanced reproductive services (male).		The practice has at least one team member who is suitably trained and has the necessary equipment to perform fertility testing on male farm animals.		20
12.5.17	Provision of mobile handling facilities.	The practice has access to mobile handling facilities suitable for the type of stock regularly dealt with.			20
12.5.18	Team members can provide contact details/options for collection of carcasses.				20

12.5.19	All vehicles are fitted with a bulkhead to protect driver and passengers from injury should the vehicle stop suddenly.	The practice identifies and minimises risks to team members.	If such an item is not available for the vehicle every effort should be made to secure heavy items to the floor/seats of the car.		20
12.5.20	The practice vehicles are routinely serviced and tyres checked.		This includes private vehicles used for business. Written records are required. Insurance cover should be adequate for the business undertaken and passengers carried e.g. students/clients.		20
12.5.21	The practice vehicles have appropriate facilities for the carriage of medicinal products.		This includes controlled drugs.		20
12.5.22	Equipment within vehicles should be appropriately packaged and protected.		Veterinary drugs and equipment should be packaged in order to protect against damage.		20
12.5.23	There should be an SOP in place for acquiring access to equipment needed for more complex procedures.				10
12.5.24	All vehicles must have appropriate health and safety equipment.	The practice identifies and minimises risks to team members.	This will include human first aid kit, high vis jacket, warning triangle and fire extinguisher.		20
12.5.25	Vehicle trackers are used.	The practice identifies and minimises risks to team members.			10
12.5.26	There is a protocol in place for dealing with unusual/uncommon presentations and suspected notifiable diseases.		This could be a laminated list of phone numbers and/or web links.		10

12.5.27	An awareness of biosecurity and provision within the vehicle to set up an area of temporary isolation.		This could include tape, appropriate disinfectant and coveralls.		20
12.5.28	The practice has written guidance on the control/prevention and eradication of commonly encountered infectious diseases.		This must be reviewed at regular intervals and at least annually.	Written guidance on infectious diseases.	10
12.5.29	The practice has written guidance on parasite control encompassing monitoring and treatments.		This must be reviewed at regular intervals and at least annually.	Written guidance on parasite control.	10
12.5.30	The team members are aware of the practices protocol for euthanasia.		This should include consideration of location e.g. away from public rights of way and vehicle access for disposal of carcass.	Protocol for euthanasia.	20
12.5.31	Records include diagnostic, therapeutic and ongoing disease surveillance plans.		This should be in a form that is understandable to the whole practice team, ideally using standardised medical nomenclature.	Clinical records.	30
			TOTAL POINTS AVAILABLE:		~~440~~470
			OUTSTANDING:		~~350~~380
			GOOD:		~~260~~280



Module 13: Pain Management and Welfare

Core Standards

Point	Requirements	Guidance notes	Documents
13.1.1	Pain is routinely assessed and appropriate analgesia provided.	See the *RCVS Code of Professional Conduct* Guidance note 3 for further information: http://bit.ly/1J80rzD	
13.1.2	The practice must provide information to its farm clients about the Animal Welfare Act Section 9.	Section 9 of the Animal Welfare Act may be found at: http://www.legislation.gov.uk/ukpga/2006/45/section/9	

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Module 13: Pain Management

General Practice

Point	Requirements	Guidance notes	Documents
13.2.1	The practice provides a livestock health plan written in conjunction with the farmer and reviewed on a yearly basis. The plan is farm specific and available to all who handle livestock.	Examples of livestock health plans (LHPs) should be made available and, where appropriate, these should adhere to accreditation schemes e.g. Red Tractor. LHPs should contain elements relating to the following areas: farm health and performance; treatment protocols and on-farm training provided to farm staff regarding medicine usage, especially analgesia; infectious disease monitoring; vaccination protocols; mastitis treatment protocols (dairy herds); lameness and footcare; cow comfort; farm biosecurity protocols; casualty animals.	

~~There are no General Practice requirements within this module.~~

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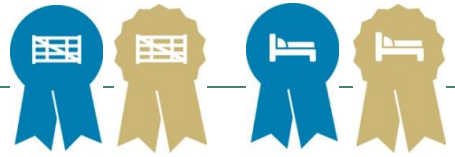
Module 13: Pain Management and Welfare

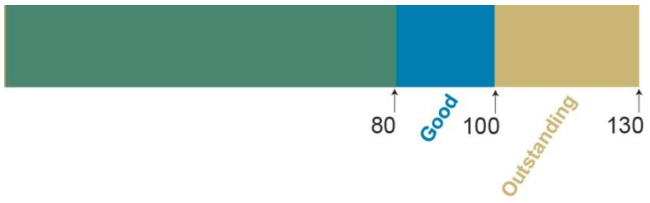


Award Points

This module contributes towards the Awards in Advisory/Consultation Service and In-patient Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
13.5.1	Members of the clinical team have received additional training on recognising pain.		Evidence of this training, how the practice assesses the impact of training and how they retained or changed pain control policy based on this assessment.	Training records.	20
13.5.2	Pain is reassessed regularly throughout procedures which have the potential to cause pain and during follow-up.		Evidence that this reassessment has led to recorded decisions. This could take the form of a follow-up telephone call.	Clinical records.	20
13.5.3	Practice utilises pre-emptive pain control.		Evidence that all relevant personnel recognise the need of pre-emptive pain control and that this is a recorded step in each case.		20
13.5.4	Patients with chronic conditions e.g. lameness are reassessed regularly.		Evidence of the reassessment and that the resulting decisions are recorded.	Clinical records.	10
13.5.5	Clients are given verbal and written information about recognising pain and		Evidence that the information was delivered in a clear manner and that the practice has taken clients' comments into account.	Client information.	20

	the benefits of treatment as well as potential adverse reactions.				
13.5.6	The practice provides a holistic approach to pain relief.		This could include overall management of the patient and the use of non-pharmaceutical pain relief. The practice should be able to demonstrate an appropriate protocol.		10
13.5.7	Team members know how to access relevant reference materials on pain assessment and control.		This could be reference texts or materials held in the practice or online resources.		10
~~13.5.8~~	~~Multi-modal pain relief is routinely used in practice.~~				~~20~~
			TOTAL POINTS AVAILABLE:		~~130~~110
			OUTSTANDING:		~~100~~90
			GOOD:		~~80~~70



Module 14: Practice Team

Core Standards

Point	Requirements	Guidance notes	Documents
14.1.1	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 inspection. This should include locums.	List of team with RCVS numbers.
14.1.2	All veterinary surgeons and RVNs employed by the practice have professional indemnity insurance in place.		Copy of indemnity insurance certificate.
14.1.3	The practice must have employer's liability insurance.	The certificate must be displayed for all team members to see.	Employer's liability insurance certificate.
14.1.4	The practice must have public liability insurance.		Public liability insurance certificate.

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14.1.5	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.

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14.1.6	Team members are clear what their roles and responsibilities are.	Team members can describe what they are responsible for and what is expected of them. It may be useful to support this with a recorded list of responsibilities. This should be reviewed annually.	
14.1.7	Clinical team members are supported with regular reviews to plan their professional development.	Team members can describe the plans that have been agreed for their development and how they discuss their progress. We would expect this to occur as appropriate to the individual but at least annually.	
14.1.8	All professional team members must comply with the RCVS requirements for CPD.	Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. This would ideally be recorded using the RCVS online CPD platform (use of the platform will be mandatory from 2022). 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. 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. ~~Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. Practices are encouraged to submit these on the official RCVS CPD record card or online.~~ ~~The assessor will ask to see the CPD records of all the veterinary surgeons and veterinary nurses showing the details of CPD undertaken.~~	CPD records.

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		~~This must provide evidence that at least the minimum CPD recommended by the RCVS is being undertaken.~~ ~~For veterinary surgeons, the minimum requirement is 105 hours over three years (an average of 35 hours per year). For registered veterinary nurses the requirement is 45 hours over three years. The practice team includes fulltime and part-time employees, as well as locums and others supplying veterinary services on a regular or 'ad hoc' basis.~~ New graduates are expected to complete PDP. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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.	
14.1.9	Team members understand the practice's responsibilities to their employees, potential employees, clients and external parties under the Equality Act 2010 and how it impacts their role in the practice.	See the Government's guidance on the Equality Act: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions).	

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		The practice should demonstrate a commitment to diversity and that is has taken steps, where possible, to recruit a diverse workforce. The practice should demonstrate a zero tolerance approach to discrimination and harassment. 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.'~~Team members can explain how the policies are implemented.~~	
14.1.10	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.	
14.1.11	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.	
14.1.12	The practice must have a clear health and safety policy which is known to, and understood by, all team members. This must be updated on a regular basis and updates communicated to team members.	The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably 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:	Practice health and safety policy.

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		- A statement of general policy - Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments - Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary See the HSE website for guidance on writing a health and safety policy: http://www.hse.gov.uk/simple-health-safety/policy/index.htm 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. These duties extend to: - Workers who work from home and mobile workers (e.g. farm vets, mobile practices) - Members of the public – clients, contractors, work experience, visitors - Temporary workers (e.g. locums). - 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) Advice on Self employed persons - http://www.hse.gov.uk/self-employed/what-the-law-says.htm~~All team members should be able to describe their own and their employer's responsibilities with regard to working safely.~~ ~~The practice's policy should be set out in a document which is given to, or displayed for, all team members.~~	

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		~~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:~~ ~~– A statement of general policy~~ ~~– Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.)~~ ~~– General instructions to team members arising out of the significant findings of the risk assessments~~ ~~Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary.~~ ~~The law applies when people are at work so will also apply to farm/equine practitioners working mainly from vehicles but also from home, and where locums are used. Employers have duties to ensure the health and safety of their employees and this includes situations where work is carried out at, or from, home.~~ ~~Veterinary surgeons who are self-employed also have duties towards their own health and safety and that of third parties (e.g. their family/locum). Therefore, health and safety requirements do apply in this situation.~~	

		~~Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.~~	
14.1.13	There are designated persons with agreed responsibilities for health and safety.	People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. This may include: - A Fire officer - First aiders and/or appointed persons - A Radiation protection supervisor (and RPA) - An Employee safety representative Area safety officers~~For example a fire officer, H&S rep/officer, first aiders, radiation protection supervisor (and RPA), area safety officers (if applicable).~~ ~~The practice must have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. A fire risk assessment must have been drawn up.~~ ~~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.~~	List of persons with H&S responsibilities and a list of their duties.
14.1.14	Team members are consulted appropriately in all matters of health and safety activity.	People can describe how they ~~have been~~are consulted about their safety at work and can describe how they would raise any concerns they have day to day. Consulting employees on health and safety matters is a legal requirement. It is a two way process, allowing team members to	Minutes of meetings on H&S.

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		contribute and influence safety decision making. See the HSE guidance on consulting workers on health and safety: http://www.hse.gov.uk/simple-health-safety/consult.htm ~~and is more than simply having health and safety documents on site for team members to refer to. This is very important in creating and maintaining a safe and healthy working environment.~~ Any change which may substantially affect their health and safety at work i.e. in procedures, equipment or ways of working, must be communicated to the team, highlighting any dangers. Evidence of this may include team meeting minutes relating to health and safety, safety reporting systems and / or improvement ideas. ~~Team meeting minutes should evidence discussion around H&S policy.~~	
14.1.15	The practice has carried out risk assessments in all areas of activity ~~and has recorded the significant findings of these risk assessments~~.	Risk assessments are a legal requirement. They should be recorded if five or more people are employed. Risk assessments must - Identify the hazards - Decide who might be harmed and how - Evaluate the risks and decide on precautions - Record significant findings - Be reviewed and updated as necessary See the HSE guidance on risk management: http://www.hse.gov.uk/risk/index.htm Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities.	Copies of relevant risk assessments.

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		Third parties should be considered, for example members of the public, contractors etc. If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses. This includes on farm risk assessment before commencing work.~~Safety officer(s) can describe how they carried out their risk assessments and how these have informed the practice's standard procedures.~~ ~~If more than five people are employed, copies of the findings from the risk assessments should be available in the practice and regular review should be evidenced. Assessors will be verifying that the principles of risk assessment are understood and that risk has been addressed, they will not be examining individual risk assessments. Practices are referred to the HSE for detailed guidance: http://bit.ly/1Erkpjx~~ ~~Activities/work areas to be considered would include both physical and psychological health, for example:~~ ~~• Cleanliness/tidiness~~ ~~• Disinfection~~ ~~• Handling and restraint of animals (including the use of on farm facilities)~~ ~~• Manual handling and lifting of weights (with particular reference to aids for moving heavy/paraplegic animals)~~ ~~• Slips/trips/falls~~ ~~• Veterinary medicines/pharmaceuticals~~ ~~• Anaesthetic gases~~ ~~• Injection procedures (risk of self injection)~~ ~~• Risk to pregnant workers~~ ~~• Risk of work related stress~~ ~~• Proper use of work equipment~~	

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		~~Display screen equipment~~ ~~Office electrical equipment~~ ~~Portable electrical appliances~~ ~~Dental machine~~ ~~X-ray machine~~ ~~Anaesthetic equipment~~ ~~Laboratory equipment~~ ~~Laboratory procedures~~ ~~Dental procedures using mechanical scaling~~ ~~Security of team members, including provisions for lone/night working~~ ~~Dealing with members of the public~~ ~~Personal protective equipment~~ ~~First aid, recording and reporting of accidents~~ ~~Disposal of sharps, clinical, pharmaceutical, chemical and other waste (including safe handling of spillages/leakages, broken and unwanted containers)~~ ~~Infectious disease/biological agents~~ ~~Zoonoses (e.g. fungal, ringworm; bacterial, salmonella; and viral, bird flu)~~ ~~Working at height~~ ~~Water supplies/air conditioning maintenance~~ ~~Transport and storage and use of gas cylinders~~ ~~Vehicles and driving for work~~ ~~Employment of young persons (under 18 years of age)~~ ~~Whether the practice premises does, or is liable to, contain asbestos, any risk arising there from and action taken to manage risk, may be required (Control of Asbestos at Work Regulations 2002 and 2006)~~ ~~Stored pressurised gas cylinders must be kept securely outside the building unless authorised by a fire officer. Stocks of explosives or inflammable agents must be stored in locked metal cupboards.~~	

		~~Best practice is to store cylinders of oxygen and flammable gases outside in the open air, which allows vapours to be dispersed effectively. Storage outside should be secure.~~ ~~If storage has to be located within a building, an adequate level of ventilation should be provided either by mechanical ventilation or the presence of a sufficient size and number of permanent openings.~~ ~~Flammable gases, such as LPG, if stored inside, may only be stored in purpose-built compartments or buildings with fire-resistant walls and explosion relief. Only limited quantities should be stored and should not be placed under stairs, near waiting rooms or compressors.~~ ~~Risk assessments should be undertaken to take into account compatibility of substances stored and the suitability of the arrangements made.~~	
14.1.16	Team members understand and work according to the standard procedures adopted.	Team members can describe how they access standard procedures to maintain a safe working environment. All team members should be able to describe their own and their employer's responsibilities with regard to working safely. ~~Team members can describe how they use standard procedures to maintain a safe working environment, and how and where these are recorded and reviewed.~~ ~~Standard procedures may be recorded in a team members or practice manual, in area references or in aide-memoirs around the practice. They should be up-to-date and easily accessible.~~	Team H&S manual.
14.1.17	The practice must have undertaken an ~~thorough~~ assessment of the risks arising from the use of veterinary medicines substances hazardous to health within the practice.	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:	COSHH assessment.

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		- Finding out what the health hazards are - deciding how to prevent harm to health (risk assessment) - Providing control measures to reduce harm to health - Making sure they are used - Keeping all control measures in good working order - Providing information, instruction and training for employees and others - Providing monitoring and health surveillance in appropriate cases e.g. anaesthetic gas monitoring - Planning for emergencies. Examples of substances hazardous to health include: - Veterinary medicines – low risk can be grouped together e.g. antibiotics, high risk should be assessed specifically e.g. carcinogenic substances - Cleaning products - Agents that can cause allergies e.g. latex, penicillin - Infectious agents e.g. bacteria, viruses - Substances e.g. dust 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. See the HSE guidance on COSHH: http://www.hse.gov.uk/coshh~~The risk to health and safety from veterinary medicines and other substances has to be assessed under the Control Of Substances Hazardous to Health Regulations 2002 (COSHH). There is wide variation in risk, many are low~~	

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		~~to medium risk but there are some substances in veterinary practice, which pose a very serious risk to health.~~ ~~Implementing measures to control the exposure to low or medium risk substances can be adequately achieved when they are assessed by their therapeutic group/type/route of administration etc. The practice can set out standard measures to control exposures, for example:~~ ~~- Injectable anaesthetics~~ ~~- Pour-on anthelmintics~~ ~~- Steroidal compounds~~ ~~- Antibiotics~~ ~~Within these groups, practices must identify any specific medicines or substances that could have long term health risks, such as allergies e.g. Penicillin, or sensitivities e.g. latex.~~ ~~Specific and detailed assessments and the resulting measures to control exposure must be made for high-risk substances such as:~~ ~~- Any hormones~~ ~~- Oil-based vaccines~~ ~~- Gluteraldehyde disinfectants~~ ~~- Micotil (tilmicosin)~~ ~~- Large animal Immobilon (etorphine)~~ ~~It should be noted that the lists mentioned are not exhaustive and practices should consider their own individual medicine/substance usage.~~ ~~Safety data sheets are not legally required for veterinary medicines and many medicine companies do not produce them. Practices should therefore ensure that they have access to the current version of either the Summary of Products Characteristics (SPC) or a data sheet for each authorised medicine used or stored in the practice. Copies of the~~	

		~~current NOAH Compendium of Data Sheets are acceptable to fulfil this requirement for those medicine companies that participate. See http://bit.ly/1Pc2D9A (for veterinary SPC) and http://bit.ly/1INlaaB (for non-veterinary SPCs).~~	
14.1.18	Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.	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. Frequency of servicing is determined by the manufacturer or a competent person's recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.~~Evidence of servicing of: autoclaves, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers.~~ ~~Frequency of servicing is determined by manufacturer or competent person recommendation.~~	Servicing records for all equipment.
14.1.19	Team members are prepared for emergencies.	Team members are familiar with procedures for turning off water supply, electricity, oil, heating gas and compressed gases. This information should be displayed in the practice.	
14.1.20	The practice must have a written programme for the inspection and testing of all its electrical equipment, based on its specific risk assessment.	The written programme containing the findings of the risk assessment, together with:	Inspection of electrical installation.

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		- Evidence of inspection of the electrical installation by a competent person (frequency dictated by competent person) - 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) - Failed or damaged equipment must be identified clearly and removed from use See the HSE guidance on electrical safety at work: http://www.hse.gov.uk/electricity/index.htm~~The written programme containing the findings of the risk assessment, together with evidence of inspection of the electrical installation by a competent person and PAT testing and visual inspection records will be required.~~ ~~For the electrical installation in the building, the frequency of the inspection (by a competent person) should be as directed by that competent person. For portable electrical equipment, cables and leads, formal visual inspection and testing are considered. Advice should be sought from a competent person regarding the appropriate frequency for these as this will depend upon the individual circumstances of a practice. Equipment should be labelled with the date of inspection, or a database kept. Failed equipment must not be used and repaired equipment must be tested before use. Residual Current Devices are required for any equipment used in wet conditions. Assessors will ask to see PAT testing and visual inspection records.~~	PAT testing and visual inspection. Evidence that this has been carried out but not detail of all testing.
14.1.21	All gas appliances are required to be maintained in a safe condition.	Assessors will ask to see gas safety certificates. Carbon monoxide detectors should be in place and regularly tested wherever combustible fuels are burned.	Gas safety certificates.

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		Advice should be sought from a suitably qualified person regarding an on-going programme of examination.	
14.1.22	Team members understand the fire evacuation procedure and how to alert others in case of a fire.	Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training. Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.	
14.1.23	Wherever patients are hospitalised, smoke and/or heat detectors must be placed adequately to alert team members who may be in remote parts of the premises.	There may be standalone smoke detectors or a maintained fire alarm system.	
14.1.24	Where team members are on the premises working alone or resting, automatic fire detection devices must be in place.	~~The fire officer can explain how regular reviews of practice fire safety are carried out.~~ Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. ~~A fire log book or other records should be used to record testing and servicing of fire alarms (if present), emergency lighting and call points and team members training and evacuation procedures.~~ A premises checklist may be useful.	
14.1.25	There must be regular maintenance of fire alarms and equipment ~~and regular fire practice evacuations~~.	There should be a Fire log, or similar recording, in place detailing: -Tests of alarms and equipment -Servicing -Emergency lighting -Call point testing -Regular maintenance	Maintenance log for fire alarm, equipment and fire drills.

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		A schedule of regular workplace inspections (premises checklist) may be useful. ~~Fire log in place which records tests of alarms and equipment, evacuation drills and evidence of regular maintenance.~~	
14.1.26	The practice must have performed a fire risk assessment and regular fire practice evacuations.	Employers (and / or building owners or occupiers) must carry out a fire safety risk assessment and keep it up to date. 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. 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: http://www.hse.gov.uk/toolbox/fire.htm. The practice must also have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. 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.~~The risk assessment should be regularly reviewed.~~ ~~Where gas/oxygen cylinders are being transported in practice vehicles, a 2kg dry powder fire extinguisher is required in the vehicle. Evidence should be provided of suitable hazard training.~~	Fire risk assessment.
14.1.27	If the practice is located in a flood area, a flood plan should be in place and understood by the team.		

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14.1.28	A first aid needs assessment should be carried out.~~There must be an appointed person to take charge should someone fall ill or be injured, and to restock the first aid box. A second person must be appointed to take charge if the first appointee is off duty.~~	The assessment should consider: - The workplace - The team - The hazards present The assessment will help you to decide whether you need: -Appointed person(s) -First aider(s) – level of training identified by the needs assessment e.g. emergency first aid There must always be someone available to take charge of the first aid arrangements, namely: -Looking after the equipment and facilities -Calling the emergency services when required Arrangements should be made for an appointed person to be available to undertake these duties at all times when people are at work.~~An 'appointed person' is an individual nominated by their employer to take charge when someone is injured or falls ill. Their responsibilities include looking after the first aid equipment e.g. restocking the first aid box and calling an ambulance.~~ ~~Appointed persons should not administer first aid unless trained to do so.~~ ~~Note: nomination of an appointed person is a minimum requirement, but practices should consider if an appointment of more than one person is necessary or if a first aider should be appointed. A first aider is~~	First aid needs assessment. List of appointed person and / or trained first aiders. Evidence of any training undertaken. ~~List of appointed persons for first aid and evidence of training of appointed persons for first aid.~~

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		~~someone who has undergone a training course in administering first aid and holds a current first aid at work certificate (these are time-limited to three years). A first aider can undertake the duties of an appointed person.~~ ~~For further guidance, see HSE leaflet INDG214: http://bit.ly/1N79ZO1~~ ~~The appointed persons should be able to describe how they have been prepared for their responsibilities which may just be stocking the first aid box and calling an ambulance.~~	
14.1.29	First aid box(es) are readily available and stocked.	This includes for practice vehicles. 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.	
14.1.30	The practice must have an accident book, or equivalent electronic version.	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. 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. 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. Accident forms should be audited regularly. ~~An accident book is required by law and must meet the requirements of the Data Protection Act. It must record the following:~~ ~~- Date and time of accident or occurrence~~	Accident book.

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		~~- Full name and address of the person involved and the injury or condition suffered~~ ~~- Where the accident or occurrence happened~~ ~~- A brief description of the circumstances~~ ~~- In the case of a reportable disease;~~ ~~• The date of diagnosis~~ ~~• The occupation of the person concerned and the name or nature of the disease~~ ~~Records should be removed and stored securely and information kept for at least three years.~~	
14.1.31	The practices files reports under RIDDOR as required.	Responsible persons can explain how they should report under RIDDOR. Further information is available at: http://www.hse.gov.uk/pubns/indg453.pdf~~Managers or first aid appointees can explain how they should report under RIDDOR and the criteria to look for. Online reporting under RIDDOR is available here: http://bit.ly/1DPy0qe~~	
14.1.32	The practice must have a policy for how they segregate, store and dispose of all forms of waste.	Team training: - Team members should be able to describe how they handle different forms of waste Storage:	Contract with waste contractor and waste policy.

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		-Adequate waste receptacles should be used to allow immediate disposal of hazardous items -Full containers should be stored in hygienic conditions and be clearly identified -Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor Assessors will ask to see evidence of: -The current waste audit should be available -A contract with a permitted waste contractor(s) -Policies and practice to segregate and label waste into appropriate streams and to store it hygienically -Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales -Waste transfer notes (which should be stored for two years) 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: http://bit.ly/1WfH1P6. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information. ~~The current waste audit should be available and team members should be able to describe how they handle different forms of waste.~~ ~~Adequate waste receptacles should be used to allow immediate disposal of hazardous items. Full containers should be stored in hygienic conditions and be clearly identified.~~	Waste consignment notes.

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		~~Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.~~ ~~Assessors will ask to see evidence of:~~ ~~• A contract with a permitted waste contractor(s)~~ ~~• Policies and practice to segregate waste into appropriate streams and to store it hygienically~~ ~~• Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales~~ ~~• Waste transfer notes (which should be stored for two years)~~ ~~For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste in England and Wales for guidance: http://bit.ly/1WfH1P6. However, local variations exist and practices should consult the Environment Agency or their own local waste management authority for information.~~ ~~Non-hazardous (non-special) waste must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.~~	

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14.1.33	Lifting equipment is suitable for purpose and regularly inspected.	Team members can describe safety procedures in use and how inspection is carried out. The practice must be aware of The Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the Regulations prior to use and thereafter have the equipment inspected regularly. ~~The regulations require that lifting equipment is:~~ ~~- Sufficiently strong, stable and suitable for its intended use~~ ~~- Positioned or installed to prevent risk of injury~~ ~~- Visibly marked with appropriate information for safe use~~ ~~- Lifting operations are planned and supervised and carried out by competent operators~~ ~~Lifting equipment should be examined prior to first use and thereafter inspected regularly in accordance with recommendations of a competent person who shall issue a certificate of inspection and report of any action required.~~	
14.1.34	Where firearms are stored on the premises and/or used in the course of practice business~~,~~ ~~a~~ 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.	
14.1.35	Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services.	Cylinders should be stored according to the following requirements: -Must be stored under cover, preferably outside -Adequate ventilation is required -They should be clean, dry and protected from extremes of temperature -Secured to prevent falling or misuse (either horizontal racks or > E size vertical with holder)	Risk assessment for storage and transport / movement of medical gas cylinders.

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		-Sited away from any sources of heat or ignition -Different types of gas should be separated within the store A trolley is recommended for any movement within the practice. 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. 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. All personnel handling compressed medical oxygen cylinders should have adequate knowledge of: -The properties of the gas used -The correct operating procedures for the cylinder -Precautions and actions to be taken in the event of an emergency	Evidence of team training. SOP / practice guidelines relating to storage, handling and maintenance and safe use of medical gases.
14.1.36	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.	Control measures should include: -Protective clothing - • Eye protection specific to the equipment used • Gloves and coveralls (surgical lasers only) -A designated treatment room (laser controlled area). This should have - • Restricted access • Clear signage • Blinds on windows and door portholes	Risk assessment (including an exposure limit value). Evidence of review of risk assessment (to ensure all necessary

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		-Means to prevent nearby workers and third parties being injured by the AOR. -Provision of medical examination if workers are over exposed. It may be helpful to appoint a Laser Protection Supervisor. A log of AOR usage is recommended.	controls are in place). Training records for all team members involved in the procedure. Procedure / SOP for AOR use (specific to the clinic).
14.1.37	The practice must assess whether or not it is in a radon affected area.	This is required for all practices, regardless of whether or not diagnostic imaging is used. 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 (above the UK Action Level of 200 Bq m^{-3}), remedial action should be taken. See the Public Health England (PHE) UKradon website for further information and to request a radon address search: https://www.ukradon.org.	
14.1.38	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.	Mental health is explicitly addressed within practice policies e.g. H&S, Sickness and Absence etc. Information about mental health support is made available to all team members e.g. posters, intranet, employee handbook, flyers etc.	

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		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. This should include team members being encouraged to use their annual leave entitlements. Team members can describe the measures in place to support them at work in the event of a mental health issue (e.g. group reflective practice). 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. 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: https://www.gov.uk/guidance/equality-act-2010-guidance. The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), NHS, vetlife (https://www.vetlife.org.uk/), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (https://www.vetmindmatters.org/).	

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Module 14: Practice Team

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
14.2.1	The practice has an agreed team development policy which is communicated to the team.	Team members can describe how they access development activities appropriate to them. As part of this, at least one member of the practice team should undertake one day of mental health awareness training. This applies to all team members, not just the clinical team.	
14.2.2	All clinical team members are able to access reference materials appropriate to their role and activities in the practice.	Team members can explain how they use resource materials to keep up-to-date and can rapidly access essential current information for any clinical situation that may arise.	
14.2.3	The practice has a structured procedure for the induction of new team members which is appropriate to the role.	Some form of checklist or structured programme will be expected and people will be able to explain how the induction procedure is carried out and over what time period. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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	Evidence of induction procedures.

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		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.	
14.2.4	Team member appraisals are performed.	This must be at least annually but can be more frequent.	Evidence of induction procedures.
14.2.5	There are written records to show that regular reviews are held with clinical team members to support them to plan their professional development.		
14.2.6	Mental health and wellbeing is embedded in induction training for new starters.		
14.2.7	The practice displays information and resources on mental health and wellbeing e.g. Samaritans, Mind Matters, Vetlife.		
14.2.8	The practice has a written policy on physical and mental health and wellbeing which is made available to all team members.		
14.2.9	The practice offers a phased return to team members who have been on long-term sick leave.		
14.2.10	Line managers should also 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.	

		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: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. Managers can describe where they would seek additional advice and guidance on issues around mental health. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), HSE (https://www.hse.gov.uk/stress/assets/docs/manage-mental-health.pdf), and the RCVS Mind Matters Initiative Managers' training.	
14.2.11	The practice has a sustainability policy.	This should include a recycling and waste reduction plan.	

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Module 14: Practice Team

Award Points

This module contributes towards the Award in Team and Professional Responsibility; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
14.5.1	At least one current member of the practice team has undertaken training in professional ethics in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~This might include an external course, webinar, online resources or documented self-study.~~ Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	CPD records or access to online CPD records.	20
14.5.2	At least one current member of the practice team has undertaken training in animal welfare in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.	CPD records or access to online CPD records.	20

			~~This might include an external course, webinar, online resources or documented self-study.~~ Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.		
14.5.3	At least one current member of the practice team has undertaken training in communications in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~This might include an external course, webinar, online resources or documented self-study.~~ Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	CPD records or access to online CPD records.	20
14.5.4	CPD activity is evaluated and planned by the practice team.	Helps employees identify areas for development and supports appropriate employee development opportunities.	Assessors will expect to see a plan and evaluations.	CPD plan.	10
14.5.5	CPD activity is evaluated by the individual.	The team member takes the initiative to learn new skills that would benefit the position and operational objectives.	Assessors will expect to see a plan and evaluations and that people can explain how they changed what they do as a result.	CPD evaluations.	20

Annex C – Farm Animal edits (with tracked changes)

14.5.6	CPD activity is communicated to the rest of the team and information shared.		Assessors may ask to see evidence of information being shared e.g. meeting minutes or emails. There are changes in practice made as a result.		20
14.5.7	CPD is recorded online on the RCVS Professional Development Record.		The applies to all veterinary surgeons and RVNs.	Access to online CPD records. 	20
14.5.8	New graduates completing their PDP are supported with regular development reviews with a named member of the practice team.	New graduates can describe how their mentor and the practice have supported them in their first year.			10
14.5.9	Role responsibilities and day-to-day duties are reviewed regularly with input from the team member.	This should be supported with recorded role responsibilities and evidence of review.	A role description exists to define the role of the employee within the practice, their areas of responsibility and a clear understanding of their day-to-day duties.	Copies of role responsibilities.	20
14.5.10	Role responsibilities are communicated to the rest of the team.	Team members are able to describe the different roles and responsibilities of their colleagues and their own contribution to the overall functioning of the practice.	It may be useful to support this with a written list of responsibilities.	Copies of role responsibilities.	10
14.5.11	Team members are supported with regular reviews to plan their training needs.	Team members have action plans for their development which are recorded and reviewed.	It is expected that this occurs as appropriate to the individual but at least annually.	Action plans and reviews.	20

14.5.12	Structured feedback for performance review is based on competencies and behaviours.	Team members can describe how they use documentation to ensure feedback is behaviour based and objective.		Structured performance reviews and feedback.	10
14.5.13	360 degree structured feedback is used.	Team members can describe how they give constructive feedback to colleagues.			10
14.5.14	Individuals have access to a range of suitable resources, including the internet, for research and communication for work purposes.		This could include access to a library, journals or databases. See RCVS Knowledge to learn more about the Library and Information Services, providing comprehensive resources and journal access for veterinary practitioners: http://bit.ly/2GWMfQi		10
14.5.15	Membership of professional and representative associations is encouraged and supported appropriate to the practices needs.	Individuals can explain how membership of associations has assisted and informed their activities.	Assessors may ask for evidence of individuals' membership of professional bodies.	List of professional memberships.	30
14.5.16	The induction programme is tailored to the individual team member and supported by ongoing coaching and mentoring.	Individual team members can describe how they have been supported through their induction programme and how this has helped them integrate into the team.	Assessors may ask to see evidence of a documented induction process and speak to members of the team.		40
14.5.17	A protocol is in place to address the management of conflict and bullying in the workplace.	Team members can describe a zero tolerance approach to bullying and harassment in their workplace and	This should include a written policy explicitly stating that the workplace has a zero tolerance approach to bullying and harassment.	Protocol on managing conflict and bullying.	10

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		know how to recognise and report such behaviours.			
14.5.18	The practice has a policy for dealing with workplace stress.	Team members can explain the causes of stress in their workplace and the steps taken by their employer to address these.	This could include compassionate leave benefits, dealing with requests for flexible working hours and publicising access to VetLife or similar services. Guidance on workplace stress in a veterinary context can be found at: http://bit.ly/2A7cvlA.	Protocol on managing workplace stress.	30
14.5.19	The practice has a policy for dealing with substance and alcohol abuse.		This should include publicising access to VetLife and other resources.	Protocol on dealing with substance and alcohol abuse.	30
14.5.20	There are regular practice meetings when all team members are encouraged to contribute items to the agenda and participate during the meeting.	Open and honest discussions with no barriers to feedback.	Assessors will ask to see the minutes of the previous meeting and a schedule of future meetings involving all departments in the practice (expected to be at least quarterly). A general meeting of the whole team should occur at least annually.	Minutes of last full team meeting.	40
14.5.21	The practice has a mission statement and the practice team understand their contribution to it. ~~Team members understand the aims and objectives of the business to a level appropriate to their role.~~		Assessors will speak to team members to ascertain their understanding.		10

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14.5.22	Communication of business performance to the team.	A holistic approach to performance measurement is encouraged in which financial measures are only one component.	This enables team members to understand how their roles contribute to the overall business performance.		10
14.5.23	All team leaders have received training in risk assessment and are able to show how they use risk assessment in their day to day work.	Team members can describe how they approach a new task that requires risk assessment and where to seek advice if necessary.	Guidance can be found on the HSE website: http://bit.ly/1EMsULP	Risk assessment training records.	20
14.5.24	There are specific risk assessments undertaken for routine/common procedures ~~undertaken in live~~performed in farm animals.		~~The BEVA guidance on managing equine risk is available via: http://bit.ly/2fiXtk4.~~ See the HSE guidance on risk assessment when working with livestock (https://www.hse.gov.uk/agriculture/topics/livestock.htm), and the Government guidance on Farm health and safety (https://www.gov.uk/guidance/farm-health-and-safety)		20
14.5.25	Accident records are regularly reviewed and action taken.	A proactive approach to risk management is encouraged.	Managers or team members can describe how accident records have led to review and give examples of changes made as a result of that review.	Accident records.	10
14.5.26	The practice has a disaster recovery plan.		For example fire or flood. This should include a list of emergency numbers, a plan for the continuation of essential care and a business continuation plan.	Disaster recovery plan.	20
14.5.27	The practice maintains equipment, premises and standard procedure		Team members can describe how they can access equipment manuals and		10

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	information in an organised and accessible form.		standard procedures relevant to their role.		
14.5.28	The practice has clear personal security policies in place and has communicated these to team members.	Team members can describe the security measures in place to enable safe working at all hours and in all areas.	Would include physical security e.g. locks, lighting, surveillance and panic alarms as required, as well as systems including checks and rules on lone working, training on dealing with difficult situations and aggressive animals.	Risk assessments for lone working and animal handling.	10
14.5.29	The practice has a system in place to ensure the safety and security of team members working alone.		The team members are aware of the practices lone worker policy. This might include vehicle trackers or a telephone back-up system.		20
14.5.30	The practice has a policy of accepting students for EMS and actively encourages this activity.		There will be evidence of the practice providing: - Objectives - Training - Feedback		20
14.5.31	The practice has an induction and integration policy for EMS students.			Induction procedure for EMS students.	10
14.5.32	The practice plays an active role in the local community.		For example, school visits, charity events and agricultural shows.		10
14.5.33	The practice takes placement students.		For example, work experience pupils from local schools or college students on animal care courses.		10

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14.5.34	The practice holds detailed records of sickness absence, which include recording of work-related illness or injury, and these are held and used to analyse causes for absence.				20
14.5.35	The practice has written policies on suicide prevention and postvention.				10
14.5.36	The practice has a defibrillator / automated external defibrillator (AED) for emergency use by employees and clients.				10
14.5.37	The practice has a policy for cases of suspected animal abuse.		Members of the team should be aware of animal abuse and the potential link to human abuse. Training materials are available from the Links Group and through the Links Veterinary Training Initiative: http://thelinksgroup.org.uk/. See chapter 14 of the supporting guidance for the *Code of Professional Conduct* for further information and advice on the responsibilities of veterinary surgeons and veterinary nurses in recognising and reporting animal and human abuse: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-		10

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			surgeons/supporting-guidance/client-confidentiality/.		
14.5.38	All team members with line management responsibility have undertaken at least one day of mental health awareness training.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.		30
14.5.39	At least one member of the practice team has undertaken some training in inclusion and diversity.				20
14.5.40	A buddy system is in place for all new team members.				20
14.5.41	The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing via a systematic gathering process.	A consistent and systematic approach to gathering feedback.	One way to approach this could be by completing the SPVS / RCVS Vet Wellbeing Awards application process. See the Vet Wellbeing Awards website for information on the application process, and for further guidance on improving wellbeing within the practice: https://vetwellbeingawards.org.uk/. Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further	Analysis of feedback and actions.	10

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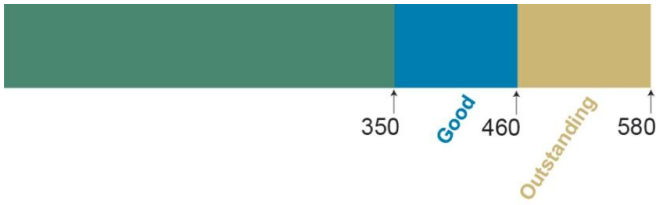
			information please refer to: http://bit.ly/2rXiaHs		
14.5.42	The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing and there is evidence that the practice acts upon such feedback.	Evidence that analysis is done to determine any required action.	Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs	Analysis of feedback and actions.	30
14.5.43	The practice can demonstrate evidence of waste reduction.		Examples of this could include the practice tracking and measuring its landfill waste, as well as its recycling waste.	Comparison of yearly landfill waste reduction.	10
			TOTAL POINTS AVAILABLE:		~~580~~750
			OUTSTANDING:		~~460~~600
			GOOD:		~~350~~450



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Module 15: Premises

Core Standards

Point	Requirements	Guidance notes	Documents
15.1.1	The premises must be suitable and adequate for its intended purpose.	The premises may only be for administrative or storage purposes.	
15.1.2	The premises must be in good decorative order, clean and well maintained so as to create an atmosphere of clinical cleanliness and efficiency.		
15.1.3	The premises should be free of offensive odours.		
15.1.4	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.	
15.1.5	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. Animal accommodation should comply with the government Code of Practice for Welfare.	
15.1.6	Where consultations are carried out at the premises, the practice must have one or more consulting areas, which provide a clean, hygienic environment for consultations.	The consulting area may be used for other purposes, provided that hygiene is not compromised.	

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15.1.7	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.	
15.1.8	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.	
15.1.9	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.	
15.1.10	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.	
15.1.11	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.	There are minimum requirements for team welfare relating to: -Provision of sanitary conveniences -Facilities to wash -Facilities to store clothing See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm Public and team members can share toilet facilities. ~~Public and team members can share toilet facilities. Applicable legislation should be observed.~~	
15.1.12	Team members' refreshments must not be prepared in clinical areas.	There are minimum requirements for team welfare relating to: -Facilities to rest and eat food	

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		See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm	

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Module 15: Premises

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
15.2.1	Food preparation, storage and washing up facilities for team members must be separate from clinical areas. Team members' rest areas must be separate from clinical areas.	The necessity for separate facilities however will be considered in light of the size of the practice. For example, if there were ~~less than five~~three or less members of staff at a practice then they would not need to meet the additional requirements in order to achieve GP accreditation. This must be in place by 2025.	
15.2.2	The area immediately surrounding the premises must be maintained in a clean and tidy state.	Team members are aware of the need to provide a hygienic and tidy area. This includes practice signage.	
15.2.3	Reception facilities, if provided, must be easily accessible to clients and team members as appropriate.	Reception desk could have a low area to cater for clients with specific needs. An SOP should be in place to ensure clients can easily access reception facilities.	

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Module 15: Premises

Award Points

There are no Award Points in this module.

Module 16: Surgery

Core Standards

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

Point	Requirements	Guidance notes	Documents
16.1.1	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.	
16.1.2	The practice must provide a suitable range of sterile surgical instruments, consumables and suture materials for the work undertaken.		
16.1.3	All surgeries are performed by an MRCVS or a veterinary student under supervision.		
16.1.4	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.
16.1.5	Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the operating area.		

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Module 16: Surgery

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
16.2.1	Sterile packs for surgery must be available at all times. There must be a practice policy on sterilisation of instruments.	Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.	Practice policy on sterilisation of instruments.
16.2.2	Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the technique.	Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.	Practice policy on sterilisation of instruments.

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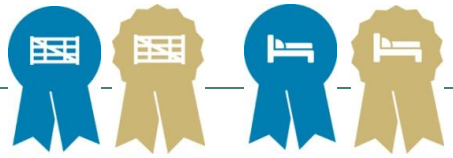
Module 16: Surgery



Award Points

This module contributes towards the Awards in Advisory/Consultation Service and In-patient Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
16.5.1	Surgery CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of surgery CPD.	10
16.5.2	Immediately before surgery a check is performed on patient ID and procedure to be performed including anatomical location.		Assessors will ask to see surgery protocols or checklists.	Protocol or checklist.	50
16.5.3	Sterile, disposable scrubbing brushes are used or a recognised brushless system is used.				10

Annex C – Farm Animal edits (with tracked changes)

16.5.4	Surgical sites are prepared using clippers fitted with an appropriate blade.				20
16.5.5	Clippers and blades are cleaned and maintained appropriately.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	Training records.	20
16.5.6	Clinical team members wear dedicated, clean protective clothing for surgical procedures.				10
16.5.7	Team members have been adequately trained in cleaning, maintenance, sterilising and troubleshooting of instruments e.g. ultrasonic cleaning, lubrication and sharpening.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	Training records.	30
16.5.8	Surgical packs initialled and dated by the person packing them and labelled for contents where required.				10
16.5.9	Recording systems are in place that include all team members involved and location for each procedure.		This information could be combined with an anaesthetic record. This enables auditing of post-operative complications.	Record of all surgical procedures.	10

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16.5.10	Standards are in place to maintain the sterile field throughout the whole procedure.		Team members must be familiar with standard aseptic protocols. This can include non-touch techniques.	Aseptic protocol.	30
16.5.11	Any jewellery which may cause a potential breach of the sterile field is removed prior to performing surgery.		All team members are clear about required attire and comply with the rules.	Protocol for surgical attire.	10
16.5.12	Appropriate communication is held with the owner/keeper, prior to surgery, explaining the potential risks and complications of the procedure.		This may be evidenced by an entry on the client record or a signed consent form including these details.		30
16.5.13	There is a check system in place to prevent loss of surgical equipment in the patient.		This should include gauze swabs.		20
16.5.14	The practice has a protocol for the follow up of all surgical cases.			Protocol for surgical case follow up.	40
16.5.15	Clients are provided with detailed instructions on post-operative management.	Clients are kept well informed.	At discharge animals should leave with appropriate information for post-operative care provision by the client.		40
16.5.16	Laparoscopic equipment is available and used appropriately.		Appropriate use includes training of team members in use, cleaning and maintenance.		120

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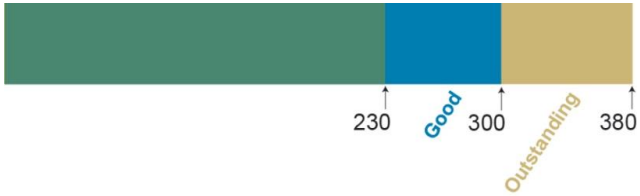
16.5.17	The practice carries out an audit of post-operative complications for surgical procedures.	Open, honest evaluations with clear actions and no barriers to feedback.	This should include an audit of surgical site infections.	Audit reports.	20
16.5.19	The practice routinely uses safe surgery surgical checklists.		Further information and a case study on implementing checklists can be found on the RCVS Knowledge website: https://knowledge.rcvs.org.uk/quality-improvement/tools-and-resources/checklists/		30
			TOTAL POINTS AVAILABLE:		~~380~~400
			OUTSTANDING:		320~~300~~
			GOOD:		~~230~~240



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Point/page number	Changes and additions
1.1.1	Requirement wording amended from 'A veterinary surgeon must administer general anaesthesia if the induction dose is either incremental or to effect.' to 'Only a veterinary surgeon can administer general anaesthesia if the induction dose is either incremental or to effect.'
1.1.2	Requirement added – 'A record must be kept of every anaesthesia procedure performed.'
1.1.3	Requirement added – 'Local and regional anaesthetic techniques are used as appropriate.'
1.1.4	Requirement added – 'Epidural anaesthetic techniques are used regularly as appropriate.'
2.1.1	Guidance notes amended from '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. Clinical effectiveness measures how well a particular procedure achieves the desired outcome. For practices to be clinically effective they need access to the best available evidence in order to discuss and draw up protocols, and monitor how effective they are by clinical audit and significant event reviews. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1TujSJR. Evidence-based veterinary medicine is a key focus of RCVS Knowledge; http://bit.ly/1MpqQeS. Further information on Clinical Governance can be found on the RCVS Knowledge's website: http://bit.ly/2EiJy6b. There is a useful practical guide on the BSAVA website: http://bit.ly/1J1wc99. Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.' to '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. 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. Evidence-based veterinary medicine is a key focus of RCVS Knowledge; www.rcvsknowledge.org/evidence-based-veterinary-medicine. Further information on Clinical Governance can be found on the RCVS Knowledge's website: www.rcvsknowledge.org/quality-improvement. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the RCVS Code of Professional Conduct: http://bit.ly/1TujSJR. 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. Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.'
2.1.2	Guidance notes amended from 'Assessors will expect to see records of recent referrals or of case discussions where referral was recommended. 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: http://bit.ly/2rXiaHs' to 'There should be protocols for referral that are regularly reviewed and known to all the practice team. Assessors will expect to see records of recent referrals or of case discussions with referral practices. 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: http://bit.ly/2rXiaHs.'
2.2.1	Requirement wording amended from 'The practice must have a system in place for monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.' to 'The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.' Guidance

	notes amended from '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 governance2. A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's Tool and Resources page: http://bit.ly/1ZFWo56.' to '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: www.rcvsknowledge.org/quality-improvement.' Documents amended from 'Written evidence of regular clinical meetings, journal clubs or clinical protocols and guidelines.' to 'Written evidence of continual improvement, regular clinical meetings, journal clubs or clinical protocols and guidelines.'
2.2.2	Requirement added – 'There is evidence of either clinical audit (process or outcome), significant event audit, or M&M meetings.' Guidance notes 'The practice must engage with at least one of these.'
2.2.3	Requirement added – 'There is evidence of development of practice guidelines and protocols.'
2.2.4	Requirement moved from 2.5.6. Wording amended from 'Copies of clinical protocols/guidelines are available for new team members and locum induction.' to 'Where appropriate, copies of clinical protocols/guidelines are available for new team members and locum induction.' Guidance notes 'Consistent information is provided to all new team members. Evidence of induction records and training.' Documents 'Induction and training records.'
2.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points amended from 10 to 20.
2.5.2	Requirement wording amended from 'At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance or equivalent.' to 'At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance.
2.5.3	Requirement wording amended from 'The practice has regular clinical meetings to which all clinical team members can input items for discussion.' to 'The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care.' Documents amended from 'Minutes of meetings' to 'Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement.'
2.5.4	Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Significant event reports or meeting minutes.' to 'Significant event reports and meeting minutes.'
2.5.5	Requirement wording amended from 'Clinical protocols / guidelines are drawn up and reviewed following team discussion considering the evidence base.' to 'Clinical protocols and guidelines are drawn up and reviewed following team discussion considering the evidence base.' Behaviours amended from 'The practice reviews best practice' to 'The practice reviews current evidence to inform local practise.' Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Clinical protocols.' To 'Clinical protocols or guidelines.'
2.5.6	Requirement moved to 2.2.4.
2.5.7	Requirement moved to 2.1.3.
2.5.8	Added to guidance notes 'Support in running journal clubs is provided through RCVS Knowledge Library https://knowledge.rcvs.org.uk/document-library/setting-up-and-running-a-journal-club-in-practice/.'

2.5.9	Requirement wording amended from 'There are protocols for referral that are regularly reviewed and known to all the practice team.' to 'Information learned from referral reports is shared with the clinical team.' Removed guidance notes 'Evidence of annual review. Referral reports are shared with the team.' Removed documents 'Referral protocol.'
2.5.10	Requirement wording amended from 'Clinical procedures carried out in the practice are audited and any changes implemented as a result.' to 'Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited.' Added to guidance notes '…This could be process or outcome audit.' Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Audit reports' to 'Audit reports and actions.'
2.5.11	Full link to RCVS Knowledge's Tools and Resources page added to guidance notes.
2.5.12	Guidance notes amended from 'This could include contributing data towards undergraduate projects.' to 'This could include contributing data towards undergraduate projects or clinical data to organised multicentre studies for potential publication (e.g. Veterinary Evidence (www.veterinaryevidence.org), vetAUDIT (www.vetaudit.co.uk) or VetCompass (www.rvc.ac.uk/vetcompass)).'
2.5.13	Requirement added – 'There is an organisational commitment to continual improvement.' Guidance notes 'This should be demonstrated at the practice level. Assessors will expect to see evidence of quality improvement activities.' Documents 'Practice continual quality improvement policy.' Award points 20.
2.5.14	Requirement added – 'Information from significant event meetings is shared with the profession in order to enable learning.' Guidance notes 'This could be shared within a practice group, via RCVS Knowledge's online forum (https://knowledge.rcvs.org.uk/document-library/case-study-form/), or via VetSafe (http://www.vds-vetsafe.co.uk/login/?ReturnUrl=%2F). Award points 10.
2.5.15	Requirement added – 'The practice contributes to the evidence base.' Guidance notes 'This could be by writing RCVS Knowledge summaries (https://www.veterinaryevidence.org/index.php/ve/about/submissions#authorGuidelines), research publications, or using BestBETS for Vets (https://bestbetsforvets.org/). Award points 10.'
2.5.16	Requirement added – 'There is a designated person in the practice responsible for overseeing clinical governance.' Award points 30.
2.5.17	Requirement moved from 9.5.5.
3.1.1	Guidance notes amended from 'The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business to include, for example: • Surgery opening times • Normal consulting hours operating times • Fee or charging structures • Procedures for second opinions and referrals • Use of client data • Access to and ownership of records - The practice's privacy policy notice to include, for example: • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so

	• The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) • The data subjects right to lodge a complaint with the Information Commissioners Office Evidence could include client information leaflets, newsletters, emails to clients and reminders. This information might be displayed on the website, provided to new clients and / or displayed in the surgery. In keeping with GDPR regulations, any electronic marketing communications presented or sent to the client should, however, only be 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 veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent. For further information please refer to: http://bit.ly/2rXiaHs' to 'The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business to include, for example: • Surgery opening times • Normal consulting hours operating times • Fee or charging structures • Procedures for second opinions and referrals • Use of client data • Access to and ownership of records - The practice's privacy policy notice to include, for example: • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so • The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) • The data subjects rights and any relevant information needed to lodge a complaint with the Information Commissioners Office 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.

	In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/). 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 veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent. For further information please refer to: http://bit.ly/2rXiaHs'
3.1.2	First paragraph of guidance notes moved to guidance notes for 3.1.1.
3.1.5	Requirement wording amended from 'Options are discussed regarding cremation, destination of ashes etc.' to 'There is a written protocol for cremation, destination of ashes etc.'
3.1.6	Requirement wording amended from 'Charges are discussed with clients.' to '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.' Added to guidance notes 'Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records. Practices should be aware of their obligations under GDPR when communicating with clients. For further information please refer to: http://bit.ly/2rXiaHs.'
3.2.2	Added to guidance notes 'Assessors will expect to speak to a cross-section of the team.'
3.2.3	Amended guidance notes from 'Pictures on notice boards, name badges, websites, newsletters.' to '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	Guidance notes amended from 'This should be in line with guidance provided by the VDS or similar organisation.' to 'This should be in line with guidance provided by the VDS or similar organisation and should include at least: - Details of who deals with complaints in the practice - How complaints are dealt with - Timescales for responding to clients about complaints'
3.2.10	Requirement moved from 3.5.11. Guidance notes amended from 'This might be demonstrated by client feedback.' to 'There should be a written protocol and evidence of training.'
3.5.1	Requirement wording amended from 'A member of the team has undertaken training in the last four years in communication and handling difficult situations and provided internal training to the team.' to 'A member of the team has undertaken training in the last four years in communication and handling difficult situations'. Removed from guidance notes 'Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' Award points amended from 20 to 10.
3.5.11	Requirement moved to 3.2.10.
3.5.12	Requirement wording amended from 'Team members have received training on customer service within the last four years and provided internal training to the team.' to 'Team members have received training on customer service within the last four years.' Guidance notes amended from 'This does not have to be veterinary specific training. This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Evidence through team members training records that the knowledge gained from such a course has been disseminated to other staff members.' to 'This does not have to be veterinary specific training. This includes all members of the practice team, clinical and

	non-clinical. Within a 4 year period 50% of the team should have attended customer service training (internal or external). All new team members must attend customer service training within the initial 12 months of employment. This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Evidence that the knowledge gained from such a course has been disseminated to other staff members.' Award points amended from 30 to 10.
3.5.16	Added to guidance notes 'The practice considers clients' suggestions and implements where practical.'
3.5.17	Requirement wording amended from 'Team members understand PSS and communicate what accreditation means to clients.' to 'Team members understand PSS.' Award points amended from 40 to 30.
3.5.18	Requirement moved to 8.5.26.
3.5.19	Requirement moved to 8.5.27.
3.5.20	Requirement wording amended from 'There should be a culture of reviewing and learning from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.' to 'There should be a culture of whole team reviewing and learning together from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.' Behaviours wording amended from 'It should be evident in discussion that complaints are seen as a positive way to engage with clients. Practices that focus just on reducing or eliminating complaints do not understand the process.' to 'It should be evident in discussion that complaints are seen as a positive way to engage with clients.'
3.5.22	Requirement wording amended from 'Monthly newsletter with up-to-date information on local initiatives and relevant issues are produced.' to 'Monthly newsletter with up-to-date information on local initiatives and relevant issues are produced to enable farmers to develop their skills in the area of farm animal health and welfare.'
3.5.24	Requirement wording amended from 'The practice provides regular training events for clients on key topics' to 'The practice provides regular training events for clients on key topics to enable farmers to develop their skills in the area of farm animal health and welfare.'
3.5.25	Requirement added – 'Team members can discuss what they have learnt from training in communication and handling difficult situations and what changes have been made to the practice as a result.' Guidance notes 'Evidence that the knowledge gained from training in communication and handling difficult situations has been disseminated to other staff members.' Award points 20.
3.5.26	Requirement added – 'There is a written protocol for continuity where clinically applicable.' Award points 10.
3.5.27	Requirement added – 'The practice carries out client focus groups to monitor client perceptions and feedback.' Guidance notes 'This should be at least annually.' Award points 10.
3.5.28	Requirement added – 'There is evidence that the practice acts upon feedback from client focus groups.' Award points 10.
3.5.29	Requirement added – 'The practice has achieved a Net Promoter Score (NPS) of 80 or over in the pre-PSS assessment client questionnaire.' Award points 10.
3.5.30	Requirement added – 'Team members have attended training in consultation skills.' Guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points 10.

3.5.31	Requirement added – 'The practice communicates to its clients what PSS means.' Guidance notes 'Information could be provided in client welcome packs, on the practice website or on waiting room displays.' Award points 20.
3.5.32	Requirement added – 'The PSS Communications Toolkit is used by the practice to promote its Accreditations and Awards.' Guidance notes 'Assessors will expect to see examples of where the toolkit has been used in social media, advertising etc.' Award points 20.
3.5.33	Requirement added – 'Team members have attended training in consultation skills.' Guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points 10.
3.5.34	Requirement added – 'Team members can discuss what they have learnt from training in consultation skills and what changes have been made as a result.' Award points 20.
4.1.2	Added to guidance notes 'Practices must also notify the HSE if they exceed the radon threshold.'
4.1.4	Amended guidance notes from 'Assessors will ask to see the written appointment of one or more suitable RPSs. The RPS must command sufficient authority to supervise the work so that it is performed in accordance with the local rules and have an adequate understanding of the requirements of the Ionising Radiation Regulations. They must also know what to do in an emergency. HSE require any RPS to have had recent relevant radiation protection training. Assessors will expect to speak to the RPS(s) during the visit.' to 'Assessors will ask to see the written appointment of one or more suitable RPSs. 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. HSE require any RPS to have had recent relevant radiation protection training within the last 5 years. Assessors will expect to speak to the RPS(s) during the visit.'
4.1.6	Guidance notes amended from 'Local rules must be displayed in or near each X-ray room. They must contain: Name of RPS - Controlled area – when and where it exists - Dose investigation level - Contingency plan - Written arrangements - Duties of RPS - How entry to controlled area is restricted Optional: - Name, address and telephone number of RPA - Arrangements for maintenance of equipment - Dosimetry arrangements - Use, storage and inspection of Personal Protective Equipment (PPE) Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.' to 'Local rules must be displayed in or near each X-ray area. They must contain: Name of RPS - Controlled area – when and where it exists - Dose investigation level - Contingency plan - Written arrangements - Duties of RPS - How entry to controlled area is restricted Optional: - Name, address and telephone number of RPA - Arrangements for maintenance of equipment - Dosimetry arrangements - Use, storage and inspection of Personal Protective Equipment (PPE) Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.'
4.1.7	Added to guidance notes '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.'
4.1.8	Requirement wording amended from 'A copy of Guidance Notes for the Safe Use of Ionising Radiations in Veterinary Practice must be available to all members of the practice.' to '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.'
4.1.10	Guidance notes amended from 'When necessary, the practice must provide at least one protective apron, with a lead equivalence throughout of not less than 0.25mm, and, if animals are ever held during radiography, must provide hand, forearm and thyroid protectors with a

	lead equivalence of not less than 0.5mm, sufficient for all personnel involved. When not in use, aprons should be stored and transported appropriately to avoid damage. Assessors will check team members' understanding of appropriate use. PPE may not be required where a practice confirms that: - Animals are never held and - Team members are in a shielded position and can remain shielded in accessing the isolation switch - The practice provides written confirmation from their RPA that the situation is acceptable. The risk assessment should be reviewed at least annually.' to 'When necessary, the practice must provide at least one protective apron, and, if animals are ever held during radiography, must provide hand and forearm protectors with a lead equivalence of not less than 0.5mm, sufficient for all personnel involved. When not in use, aprons should be stored and transported appropriately to avoid damage. The practice should have agreed with their RPA whether or not lead glasses are needed for equine radiography. Assessors will check team members' understanding of appropriate use. The risk assessment should be reviewed at least annually.'
4.1.14	Added to guidance notes 'If wet processing is used, an SOP should be in place.'
4.1.16	Added to guidance notes 'Personal dose monitoring arrangements should include locum vets.'
4.1.17	Added to guidance notes 'If manual restraint is used, this should be highlighted on the record. Team members may be asked to retrieve an example exposure.'
4.2.1	Added to guidance notes 'The assessor will expect to see evidence that an RPA (or representative) has visited and inspected the site. All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA.'
4.2.2	Requirement added – 'There is an SOP for radiography.'
4.2.3	Requirement added – 'Ultrasound machines, appropriate for the species treated, are available and used.' Guidance notes 'For cattle practices this should be the appropriate number of scanners in order to perform routine visits.'
4.2.4	Requirement added – 'The practice must have the ability to record ultrasound images.'
4.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
4.5.3	Requirement wording amended from 'Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners.' to 'Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners in DICOM format.' Guidance notes amended from 'Email, CDs, memory sticks etc. with images in Dicom or more easily accessed formats.' to 'Email, CDs, memory sticks etc. with images in DICOM format. If the diagnostic images contain personal data of the client, it is strongly advised that they are kept secured and password-protected when sending electronically.'
4.5.8	Requirement added – 'The practice has the ability to record ultrasound images.' Award points 10.
4.5.9	Requirement added – 'The practice has the ability to record endoscopy.' Award points 10.
5.1.1	Guidance notes amended from ' 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. Veterinary surgeons returning from calls should consider the cleanliness of their clothing.' to '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 farms. A 'barrier' should be created between clinical and non-clinical

	areas. Veterinary surgeons returning from calls should consider the cleanliness of their clothing.'
5.1.3	Requirement wording amended from 'For autoclaves and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.' to 'For all autoclaves, and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.'
5.1.6	Requirement wording amended from 'Procedures must be in place to minimise cross-infection. Cleaning and disinfection materials must be readily available and used.' to 'Procedures must be in place to minimise cross-infection in all areas. Cleaning and disinfection materials must be readily available and used.' Guidance notes amended from 'Risk based disinfection must be carried out between patients.' to 'Risk based disinfection of all areas must be carried out between patients. This can include floor, equipment and hand touch areas such as doors, door handles and keyboards. Risk based deep cleans should be carried out as required.' Documents amended from 'Cleaning and disinfection schedules for clinical areas.' to 'Cleaning and disinfection schedules for all areas.'
5.1.8	Guidance notes amended from 'The expectation is that each area will have its own washing facilities. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.' to 'The expectation is that each area will have its own hand washing facilities. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.'
5.1.9	Guidance notes amended from 'Disposable overalls and gloves should be available. Waterproof clothing is available and is thoroughly cleaned and disinfected between units.' to 'Disposable overalls, and examination and arm length gloves, should be available and worn at all times where appropriate. If this isn't appropriate, different clothes should be available. Waterproof clothing is available and is thoroughly cleaned and disinfected between units.'
5.1.10	Guidance notes added - 'There should be an SOP for the cleaning of vehicles. A log book should be used to record when cleaning has been carried out. 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.'
5.1.11	Guidance notes added - 'A defra approved disinfectant at the recommended dilution should be used. A list of approved disinfectants can be found on the defra website: http://disinfectants.defra.gov.uk/DisinfectantsExternal/Default.aspx?Module=ApprovalsList_SI
5.1.12	Requirement added – 'Procedures must be in place to minimise cross-infection between patients for all equipment used.' Guidance notes 'All equipment should be cleaned before and after use.' Documents 'SOP for cleaning and disinfection of equipment.'
5.2.1	Requirement wording amended from 'Written cleaning protocols for all vehicles and clinical areas of the practice are required and must be regularly audited and recorded.' to 'Written cleaning protocols for all vehicles and all areas of the practice are required and must be regularly audited and recorded.' Guidance notes amended from 'The frequency of cleaning will vary according to the clinical area and caseload.' to 'The frequency of cleaning will vary according to the area and caseload. There should be different sets of cleaning materials and colour coded mops for each area.'
5.2.3	Requirement moved from 5.5.7.
5.2.4	Requirement moved from 5.5.10.
5.5.6	Requirement deleted.
5.5.7	Requirement moved to 5.2.3.
5.5.10	Requirement moved to 5.2.6.

5.5.15	Requirement added – 'The practice participates in a surveillance scheme for infectious diseases.' Guidance notes 'For example VetCompass'. Award points 20.
5.5.16	Requirement added – 'The practice has a protocol in place for hand hygiene, which includes the use of World Health Organization (WHO) posters and signage at hand washing points.' Guidance notes 'Tools and resources can be downloaded from the WHO website: https://www.who.int/gpsc/5may/tools/en/.' Award points 20.
5.5.17	Requirement added – 'Shower facilities are available for team members.' Guidance notes ' There must be hot and cold running water.' Award points 20.
6.1.1	Guidance notes amended from 'Arrangement for the disposal of soiled bedding must be in place.' to 'This should include bedding for recumbent animals. Arrangements for the disposal of soiled bedding must be in place.'
6.1.2	Guidance notes added 'The practice must demonstrate that provisions are made to ensure animal welfare where there are animals on site but no team members present.'
6.1.3	Requirement wording amended from 'The owners must be informed of the level of overnight supervision during an overnight stay.' to 'The owners must be informed in writing of the level of overnight supervision during an overnight stay.'
6.1.4	Guidance notes moved to 6.1.2.
6.1.6	Requirement added – 'There must be suitable provision for the storage and preparation of food.'
6.5.1-6.5.28	Requirements deleted.
7.1.2	Requirement wording amended from 'The practice identifies specimens with: - Patient ID - Date of collection - Tests required - Method of collection if applicable' to 'The practice identifies specimens with: - Farm name and holding number - Patient ID - Date of collection - Tests required - Method of collection if applicable - Location of sample - Nature of sample'
7.1.8	Requirement wording amended from 'Adequate post-mortem facilities must be available or other arrangements made. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcases or diagnostic quality examination to be performed.' to 'Adequate post-mortem facilities must be available or other arrangements made. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcases. There must be an SOP for external post-mortem examinations so that all staff know where to send specimens.'

7.1.13	Requirement wording amended from 'The practice has a log or similar tracking mechanism to ensure that, for samples sent to outside labs, results are received, reviewed by veterinary surgeon and conveyed to client and archived.' to 'The practice has a log or system for tracking to ensure that, for samples sent to outside labs, results are received, reviewed by veterinary surgeon and conveyed to client and archived.' Guidance notes amended from 'The log should include: - Patient ID - Date of sample collection - ID of outside laboratory - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival or results can be flagged and followed up as appropriate.' to 'The log should include: - Farm and patient ID - Date of sample collection - ID of outside laboratory - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival or results can be flagged and followed up as appropriate.'
7.1.18	Requirement wording amended from 'The in-house laboratory has a log or similar tracking mechanism to ensure results are received and reviewed by a veterinary surgeon and conveyed to the client.' to '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.' Guidance notes amended from 'The log should include: - Patient ID - Date of sample collection - Time of sample collection - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival of results can be flagged and followed up as appropriate.' to 'The log should include: - Farm and patient ID - Date of sample collection - Time of sample collection - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival of results can be flagged and followed up as appropriate.'
7.2.1	Requirement wording amended from 'The practice has laboratory capability either in the field or on practice premises for the following: - Method of measuring PCV - Binocular microscopy (with a range of objective lenses and light source) - Refractometer - Cytology stains' to 'The practice has laboratory capability either in the field or on practice premises for the following: - Method of measuring PCV - Binocular microscopy (with a range of objective lenses and light source) - Refractometer - Cytology stains, including gram – Urine dip stick' Guidance notes amended from 'Evidence will be required that some of the following tests are being performed and should be appropriate to caseload of the practice: - Cytology (e.g. urine, skin scrape, semen) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) – PCV - Dip stick tests - Snap tests' to 'Evidence will be required that some of the following tests are being performed and should be appropriate to caseload of the practice: - Cytology (e.g. urine, skin scrape, semen) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) – PCV - Dip stick tests - Snap tests – Serum IgG estimation'
7.2.2	Added to guidance notes 'This should also be undertaken for tests carried out using Point of Care (POC) devices.'
7.2.3	Requirement moved from 7.5.9.
7.5.1	Requirement wording amended from 'Veterinary pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' to 'Veterinary clinical pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
7.5.3	Requirement wording amended from 'There is a nominated person in overall charge of the laboratory facilities.' to 'There is a nominated person in overall charge of the laboratory

	facilities and they must have completed relevant training.' Added to documents 'Evidence of relevant training.'
7.5.7	Requirement wording amended from 'The practice performs routine bacteriology relevant to its workload (e.g. mastitis samples).' to 'The practice performs routine bacteriology relevant to its workload (e.g. mastitis and calf scour samples).'
7.5.9	Requirement moved to 7.2.3.
7.5.18	Requirement wording amended from 'If bacteriology is undertaken on site adequately trained technicians must be available.' to 'If bacteriology is undertaken on site adequately trained technicians must be available. If bacteriology is not undertaken on site, there should be evidence that samples are being regularly sent to an appropriate external laboratory.'
7.5.19	Requirement wording amended from 'The practice carries out a regular laboratory sample technique audit.' to 'The practice carries out a regular laboratory sample technique audit. There is evidence that any unexpected or erroneus results have been re-tested.'
7.5.20	Requirement added – 'The practice has an in-house laboratory that is in a designated room, which is not used for any other purpose.' Award points 30.
7.5.21	Requirement added – 'The practice performs cytology of effusions and synovial fluids where appropriate.' Award points 10.
7.5.22	Requirement added – 'The practice makes pen-side diagnostic tests available to farmers along with suitable training.' Award points 10.
7.5.23	Requirement added – 'The practice has the ability to record semen assessments and to store the video.' Award points 10.
7.5.24	Requirement added – 'The practice has proof of validation for all automated laboratory equipment.' Guidance notes 'This would involve checking: - if there is any published (or unpublished if not) evidence that shows that the make of machine used by the practice provides accurate, reproducible results - whether there are circumstances where the make of machine might not produce accurate, reproducible results - how the make of machine compares to other machines - whether the practices own machine gives accurate, reproducible results Further guidance is available from BSAVA [insert link once available].' Award points 10.
8.1.5	Guidance notes replaced with 'See VMD guidance, Record keeping requirements for veterinary medicines: http://bit.ly/1PYL513. Records for POM-V or POM-VPS medicines must include: - The date; - The name of the veterinary medicinal product - 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) - The quantity - The name and address of the supplier or recipient - If there is a written prescription, the name and address of the person who wrote the prescription and a copy of the prescription Records must be kept for 5 years.'
8.1.6	Guidance notes amended from 'There must be proper monitoring and recording of maximum and minimum temperatures in the refrigerator and dispensary, and where temperatures have been recorded out with the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected medicines. Consideration should be given

	to the use of alarms to indicate when temperatures stray out of set parameters. Data loggers and maximum/minimum thermometers will provide constant monitoring. However, for those without an alarm to warn of temperature deviations, and for maximum/minimum thermometers, checks are required to be made daily and assessors will ask to see written records, produced on a weekly basis, showing the results for the week. If maximum and minimum temperature recordings are being taken wherever medicines are stored it is not necessary to take additional recordings of ambient temperatures. Ideally temperature sensitive medicines should only be taken out on vehicles on a “by use” basis, but whether being stored or transported, measures should be taken to ensure that products remain within the temperature range specified on their SPC e.g. by use of a cool box or refrigerated unit. The suitability of such measures should be demonstrated.’ to ‘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. 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. 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.’
8.1.7	Guidance notes amended from ‘Medicines should be checked on a regular basis to ensure they are within the specific time period.’ to ‘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.’
8.1.8	Guidance notes replaced with ‘Records of products administered to food-producing animals by a veterinary surgeon: A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper’s record book or give written information to the livestock keeper to enter: - Name of the veterinary surgeon - Name of the product and the batch number - Date of administration of the product - Amount of product administered - Identification of the animals treated - Withdrawal period Records of products administered to food-producing animals under the Cascade: A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon’s permission) must record: - Date of examination of the animal(s) - Name and address of the owner of the animal(s) - Identification and number of animals treated - Result of the veterinary surgeon’s clinical assessment - Trade name of the product if there is one - Manufacturer’s batch number shown on the product, if there is one - Name and quantity of the active substances

	- Doses administered or supplied - Duration of treatment - Withdrawal period When a whole herd/flock is treated with a medicine, it is acceptable to record “whole herd” or “whole flock” rather than every individual animal’s number.’
8.1.12	Guidance notes amended from ‘Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbabitone. Drugs must be kept under safe custody (locked secure cabinet), except quinalbarbitone. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this Act can lead to prosecution. Schedule 3: Includes tramadol, buprenorphine, pentazocine, the barbiturates 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. Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol. Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: http://bit.ly/1KYuc7h’ to ‘Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbabitone. Drugs must be kept under safe custody (locked secure cabinet), except quinalbarbitone. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this Act can lead to prosecution. Schedule 3: Includes tramadol, buprenorphine, pentazocine, 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. Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol. Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: http://bit.ly/1KYuc7h’
8.1.16	Requirement wording amended from ‘If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he or she must: - Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contraindications on the label or package leaflet - Not prescribe more than the minimum amount required for the treatment

	(see exemptions in Schedule 3 paragraph 7 of the VMR)' to 'If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he or she must: - Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contraindications on the label or package leaflet - Not prescribe more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR) There are specific requirements for the prescription of medicated feedingstuffs containing a veterinary medicinal product, as laid out in Schedule 5, paragraph 19 of the Veterinary Medicines Regulations (VMRs).' Added to guidance notes 'Copies of written prescription forms must be available for the assessor to view. For the requirements for the prescription of medicated feedingstuffs containing a veterinary medicinal product, see Schedule 5, paragraph 19 of the Veterinary Medicines Regulations (VMRs): http://www.legislation.gov.uk/uksi/2013/2033/schedule/5.'
8.1.20	Guidance notes amended from 'Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine. POM-V: All POM-V medicines supplied by the practice must be labelled with the following information: - The name and address of the animal owner - The name and address of the veterinary practice supplying the medicine - The date of supply - The words "keep out of the reach of children" - The words "for animal treatment only" unless the package or container is too small for it to be practicable to do so - The words "for external use only" for topical preparations - The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: - Identification of the animal or group of animals - Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual And unless already specified on the manufacturer's packaging: - Any special precautions - The expiry date - Any necessary warnings for the user, target species, administration or disposal of the product A specified withdrawal period' to 'Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine.

	POM-V: All POM-V medicines supplied by the practice must be labelled with the following information: - The name and address of the animal owner - The name and address of the veterinary practice supplying the medicine - The date of supply - The words “keep out of the reach of children” - The words “for animal treatment only” unless the package or container is too small for it to be practicable to do so - The words “for external use only” for topical preparations - The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: - Identification (including species) of the animal or group of animals - Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual And unless already specified on the manufacturer’s packaging: - Any special precautions - The expiry date - Any necessary warnings for the user, target species, administration or disposal of the product A specified withdrawal period’
8.1.25	Added to guidance notes ‘Copies of prescriptions must be available for the assessor to view.’
8.1.30	Requirement moved from 8.2.1.Requirement wording amended from ‘A Practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones, 3rd and 4th generation cephalosporins and colistin). This will include culture and sensitivity to show that no other, non-critical antimicrobials could be used in the place of a HP-CIA as a first-line treatment.’ to ‘A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones, 3rd and 4th generation cephalosporins and colistin). This will include culture and sensitivity to show that no other, non-critical antimicrobials could be used in the place of a HP-CIA as a first-line treatment. It will also include the requirement that, if an 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.’
8.2.1	Requirement moved to 8.1.30.
8.2.2	Requirement added – ‘All labels must be mechanically or machine produced, handwritten labels are not acceptable.’ Guidance notes ‘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.’
8.2.3	Requirement added – ‘All team members involved in dispensing medication must be trained and there must be protocols in place, including systems to reduce errors.’ Guidance notes ‘Training can be internal by means of SOPs. Systems to reduce errors should include double checking systems for dispensed medicines.’
8.2.4	Requirement moved from 8.5.23.
8.2.5	Requirement added – ‘If unauthorised medicines are prescribed under the cascade there is a treatment protocol made available for the client to follow.’

8.2.6	Requirement added – 'The practice regularly reviews the medicines usage on the farms under their care.'
8.5.6	Requirement deleted.
8.5.8	Requirement wording amended from 'The practice regularly reviews the medicines usage on the farms under their care and works with clients to ensure the appropriate use of antimicrobials and anthelmintics.' to 'The practice works with clients to ensure the appropriate use of antimicrobials and anthelmintics.'
8.5.23	Requirement moved to 8.2.4.
8.5.26	Requirement moved from 3.5.18.
8.5.27	Requirement moved from 3.5.19. Guidance notes added 'This applies to systems inside the clinic and to out-of-hours medicine collection arrangements. There is a clear storage system for medications awaiting collection by clients, or delivery to clients, that ensures they are held under the appropriate conditions. There should be a system in place to audit those medicines not collected.'
8.5.28	Requirement added – 'The practice communicates to its clients how repeat prescriptions are ordered and dispensed.' Award points 10.
8.5.29	Requirement added – 'The practice has appointed an antibiotic guardian(s) to oversee the appropriate use of HP-CIAs and adherence to the written policy on the prescription of these.' Guidance notes 'The antibiotic guardian(s) should be appointed in writing and there should be a list of their duties.' Award points 30.
8.5.30	Requirement added – 'The practice has systems in place to monitor the appropriate use of HP-CIAs.' Award points 20.
8.5.31	Requirement added – 'Clients are guided by their vets with regards to responsible and knowledgeable medicine use.' Guidance notes 'On farm treatment protocols for farmers are provided for the most common conditions seen on that farm.' Award points 30.
8.5.32	Requirement added – 'Client education is provided to help farmers deal with and avoid future bulk milk tank failures.' Guidance notes 'For example, through the MilkSure course (https://milksure.co.uk/).' Award points 20.
8.5.33	Requirement added – 'The practice provides training for farm staff members responsible for administering medicines.' Guidance notes 'This should ensure competence in: - Medicine handling – Administration – Storage - Recording requirements - Avoiding residues - Appropriate use' Award points 30.
9.1.1	Guidance notes amended from 'The General Data Protection Regulations (GDPR), will be implemented in the UK on 25 May 2018 and will replace existing data protection legislation, the Data Protection Act 1998 (DPA). 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. General guidance can be found on the RCVS website at: http://bit.ly/2IBYIKX. 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: http://bit.ly/2rXiaHs. 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 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. Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt http://bit.ly/2ke4QKz), 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.' to 'See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/. 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.'GDPR - RCVS information and Q&As' can be downloaded from the RCVS website at: http://bit.ly/2IBYIKX. 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: http://bit.ly/2rXiaHs. 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 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. Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt http://bit.ly/2ke4QKz), 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.'
9.1.2	Requirement wording amended from 'Where appropriate, records must be maintained for each animal or group. There must be adequate back-up for computerised records.' to 'Records must be maintained for each animal or group. There must be adequate back-up for computerised records.'
9.1.3	Added to guidance notes '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 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. 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.'
9.1.4	Requirement wording amended from 'Before any diagnostic or surgical procedure is performed on an animal, informed consent must be sought.' to 'Before any diagnostic or surgical procedure is performed on an animal, informed consent must be obtained.' Guidance

	notes amended from 'Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable treatment options (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. Further guidance on informed consent is available from the RCVS website: http://bit.ly/2qVzqfG. It is recognised that in an emergency it may be necessary to perform procedures without prior consent.' to '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. Further guidance on informed consent is available from the RCVS website: http://bit.ly/2qVzqfG. It is recognised that in an emergency it may be necessary to perform procedures without prior consent.'
9.1.5	Guidance notes amended from 'Discussion should take place with the client covering a range of treatment options and prognoses (including euthanasia), and the likely charges, so as to ensure that the client is in a position to give informed consent. The practice must be able to provide written financial estimates on request and an agreement on any financial limits.' to 'Discussion should take place with the client covering a range of diagnostic and treatment options and prognoses (including euthanasia), and the likely charges, so as to ensure that the client is in a position to give informed consent. 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.'
9.1.7	Added to guidance notes 'See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/.'
9.1.9	Guidance notes amended from 'When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. Even where two veterinary surgeons are treating different groups of animals owned by the same client, it is still advisable for each to keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1LaRCay.' to 'When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. Even where two veterinary surgeons are treating

	different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1LaRCay.'
9.2.6	Requirement added – 'The practice system is capable of allowing vets to access medical records via a mobile device or via previous dockets left on a farm, to ensure clinical continuity.'
9.2.7	Requirement moved from 9.5.1.
9.2.8	Requirement moved from 9.5.6.
9.5.1	Requirement moved to 9.2.8.
9.5.2	Requirement deleted.
9.5.3	Requirement moved to 12.5.31.
9.5.4	Requirement deleted.
9.5.5	Requirement moved to 2.5.17.
9.5.6	Requirement moved to 9.2.9.
Module 10	Module heading amended from 'Nursing and Paraprofessionals' to ' Technicians and Paraprofessionals'
10.1.2	Requirement wording amended from 'Where support team members are required to assist with clinical activities, assessors will ask to see evidence of appropriate training.' to 'Any practice team members that are involved in assisting with clinical animal activities are required to have appropriate training.'
10.2.2	Added to guidance notes 'This includes external paraprofessionals contracted by the practice.'
11.1.1	Requirement wording amended from 'Practices must take steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours.' to '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.'
11.2.1	Guidance notes amended from 'If OOH cover is provided by veterinary surgeons not normally working with that species then suitable training, CPD and backup must be demonstrated.' to 'If OOH cover is provided by veterinary surgeons not normally working with that species, or who are inexperienced, then suitable training, CPD and backup must be demonstrated.'
Module 12	Module heading amended from 'Out-Patients' to 'Farm Consultation'
12.1.1	Added to guidance notes 'All equipment should be cleaned and disinfected after use between farms. A dynamic risk assessment should be performed to assess the suitability of the area.'
12.1.2	Guidance notes amended from 'Assessors will view as many vehicles as practicable to be reasonably sure that this standard is met.' to 'Assessors will view as many vehicles as practicable (ideally 50% of all vehicles) to be reasonably sure that this standard is met.'
12.1.3	Requirement wording amended from 'See Infection Control Module, Core Standards Requirement 5.1.1 regarding biosecurity policy and BVA Good Practice Guide to handling veterinary waste: http://bit.ly/1WfH1P6' to 'See Infection Control Module, Core Standards Requirement 5.1.1 regarding biosecurity policy and Practice Team Module, Core Standards requirement 14.1.32 regarding waste management. See also and BVA Good Practice Guide to handling veterinary waste: http://bit.ly/1WfH1P6'
12.1.7	Requirement added – 'A client database should be provided with post codes for satellite navigation, and grid references for OS maps if relevant. This can be either in hard copy format (updated at least quarterly) or an online database accessible via a digital device.' Guidance

	notes 'Practices should be aware of their obligations under GDPR when handling client address details.'
12.1.8	Requirement added – 'A dynamic risk assessment of handling facilities must be performed.'
12.1.9	Requirement added – 'All vehicles should contain a clinical waste area and sharps bin.'
12.2.2	Added to guidance notes 'If unloading occurs there should be adequate restraint and handling facilities available to maintain safety of staff.'
12.5.1	Requirement wording amended from 'CPD relevant to farm animal practice has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' to 'CPD relevant to flock or herd health and production has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
12.5.31	Requirement moved from 9.5.3.
Module 13	Module heading amended from 'Pain Management' to 'Pain Management and Welfare'
13.1.2	Requirement added – 'The practice must provide information to its farm clients about the Animal Welfare Act Section 9.' Guidance notes 'Section 9 of the Animal Welfare Act may be found at: http://www.legislation.gov.uk/ukpga/2006/45/section/9'
13.2.1	Requirement added – 'The practice provides a livestock health plan written in conjunction with the farmer and reviewed on a yearly basis. The plan is farm specific and available to all who handle livestock.' Guidance notes 'Examples of livestock health plans (LHPs) should be made available and, where appropriate, these should adhere to accreditation schemes e.g. Red Tractor. LHPs should contain elements relating to the following areas: farm health and performance; treatment protocols and on-farm training provided to farm staff regarding medicine usage, especially analgesia; infectious disease monitoring; vaccination protocols; mastitis treatment protocols (dairy herds); lameness and footcare; cow comfort; farm biosecurity protocols; casualty animals.'
13.5.8	Requirement deleted.
14.1.8	Guidance notes amended from 'Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. Practices are encouraged to submit this on the official RCVS record card or online. 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. For veterinary surgeons, the minimum requirement is 105 hours over three years (an average of 35 hours per year). For registered veterinary nurses the requirement is 45 hours over three years. The practice team includes full-time and part-time employees, as well as locums and others supplying veterinary services on a regular or 'ad hoc' basis. New graduates are expected to complete PDP. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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.' to '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). 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. 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. New graduates are expected to complete PDP. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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.'
14.1.9	Guidance notes amended from 'Team members can explain how the policies are implemented.' to 'See the Government's guidance on the Equality Act: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions). The practice should demonstrate a commitment to diversity and that is has taken steps, where possible, to recruit a diverse workforce. The practice should demonstrate a zero tolerance approach to discrimination and harassment. 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.''
14.1.11	Guidance notes added – 'Assessors will check the poster is completed and displayed. Alternatively, team members may be provided with the equivalent leaflet.'
14.1.12	Guidance notes amended from 'All team members should be able to describe their own and their employer's responsibilities with regard to working safely. The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably 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: - A statement of general policy - Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments - Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary. The law applies when people are at work so will also apply to farm/equine practitioners working mainly from vehicles but also from home, and where locums are used. Employers have duties to ensure the health and safety of their employees and this includes situations where work is carried out at, or from, home. Veterinary surgeons who are self-employed also have duties towards their own health and safety and that of third parties (e.g. their family/locum) therefore, health and safety requirements do apply in this situation. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.' to 'The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably 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: - A statement of general policy - Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments - Such a document must aim to be concise, pointing the reader to more

	detailed guidance where necessary. See the HSE website for guidance on writing a health and safety policy: http://www.hse.gov.uk/simple-health-safety/policy/index.htm. 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. These duties extend to: - Workers who work from home and mobile workers (eg farm vets, mobile practices) - Members of the public – clients, contractors, work experience, visitors - Temporary workers (eg locums). - 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 eg ECC shared with daytime, grooming business with vets) - Advice on Self employed persons - http://www.hse.gov.uk/self-employed/what-the-law-says.htm'
14.1.13	Guidance notes amended from 'People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. For example a fire officer, H&S rep/officer, first aiders, radiation protection supervisor (and RPA), area safety officers (if applicable). The practice must have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. A fire risk assessment must have been drawn up. 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.' to 'People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. This may include: - A Fire officer - First aiders and/or appointed persons - A Radiation protection supervisor (and RPA) - An Employee safety representative - Area safety officers
14.1.14	Guidance notes amended from 'People can describe how they have been consulted about their safety at work and can describe how they would raise any concerns they have day to day. Consulting employees on health and safety matters is a legal requirement, and is more than simply having health and safety documents on site for team members to refer to and is very important in creating and maintaining a safe and healthy working environment. Any change which may substantially affect their health and safety at work i.e. in procedures, equipment or ways of working, must be communicated to the team, highlighting any dangers. Team meeting minutes evidence discussion around H&S policy.' to '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. 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: http://www.hse.gov.uk/simple-health-safety/consult.htm. 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. Evidence of this may include team meeting minutes relating to health and safety, safety reporting systems and / or improvement ideas.'
14.1.15	Requirement wording amended from – 'The practice has carried out risk assessments in all areas of activity and has recorded the significant findings of these risk assessments.' to 'The practice has carried out risk assessments in all areas of activity.' Guidance notes amended from 'Safety officer(s) can describe how they carried out their risk assessments and how these have informed the practice's standard procedures. If more than five people are employed, copies of the findings from the risk assessments should be available in the practice and regular review should be evidenced. Assessors will be verifying that the principles of risk assessment are understood and that risk has been addressed, they will not be examining individual risk assessments. Practices are referred to the HSE for detailed guidance: http://bit.ly/1Erkpjx Activities/work areas to be considered would include both physical and psychological health, for example: - Cleanliness/tidiness

	- Disinfection - Handling and restraint of animals (including their use on farm facilities) - Manual handling and lifting of weights (with particular reference to aids for moving) - Heavy/paraplegic animals - Slips/trips/falls - Veterinary medicines/pharmaceuticals - Anaesthetic gases - Injection procedures (risk of self-injection) - Risk to pregnant workers - Risk of work related stress - Proper use of work equipment - Display screen equipment - Office electrical equipment - Portable electrical appliances - Dental machine - Liquid nitrogen - Imaging equipment - Anaesthetic equipment - Laboratory equipment - Laboratory procedures - Dental procedures using mechanical scaling - Security of team members, including provisions for lone/night working - Dealing with members of the public - Personal protective equipment - First aid, recording and reporting of accidents - Disposal of sharps, clinical, pharmaceutical, chemical and other waste (including safe handling of spillages/leakages, broken and unwanted containers) - Infectious disease/biological agents - Zoonoses (e.g. fungal, ringworm; bacterial, salmonella; and viral, bird flu) - Working at height - Water supplies/air-conditioning maintenance - Transport and storage and use of gas cylinders - Vehicles and driving for work - Employment of young persons (under 18 years of age) - Whether the practice premises does, or is liable to contain asbestos, any risk arising there from and action taken to manage risk, may be required (Control of Asbestos at Work Regulations 2002 and 2006) Stored pressurised gas cylinders must be kept securely outside the building unless authorised by a fire officer. Stocks of explosives or inflammable agents must be stored in locked metal cupboards. Best practice is to store cylinders of oxygen and flammable gases outside in the open air, which allows vapours to be dispersed effectively. Storage outside should be secure. If storage has to be located within a building, an adequate level of ventilation should be provided either by mechanical ventilation or the presence of a sufficient size and number of permanent openings. Flammable gases, such as LPG, if stored inside, may only be stored in purpose-built compartments or buildings with fire-resistant walls and explosion relief. Only limited quantities should be stored and should not be placed under stairs, near waiting rooms or compressors. Risk assessments should be undertaken to take into account compatibility of substances stored and the suitability of the arrangements made.' to 'Risk assessments are a legal requirement. They should be recorded if five or more people are employed. Risk assessments must

	- Identify the hazards - Decide who might be harmed and how - Evaluate the risks and decide on precautions - Record significant findings - Be reviewed and updated as necessary See the HSE guidance on risk management: http://www.hse.gov.uk/risk/index.htm Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities. Third parties should be considered, for example members of the public, contractors etc. If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses. This includes on farm risk assessment before commencing work.’
14.1.16	Guidance notes amended from ‘Team members can describe how they use standard procedures to maintain a safe working environment, and how and where these are recorded and reviewed. Standard procedures may be recorded in a team member or practice manual, in area references or in aide-memoirs around the practice. They should be up-to-date and easily accessible.’ to ‘Team members can describe how they access standard procedures to maintain a safe working environment. All team members should be able to describe their own and their employer's responsibilities with regard to working safely.’
14.1.17	Requirement wording amended from ‘The practice must have undertaken a thorough assessment of the risks arising from the use of veterinary medicines and substances hazardous to health within the practice.’ to ‘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.’ Guidance notes amended from ‘The risk to health and safety from veterinary medicines and other substances has to be assessed under the Control Of Substances Hazardous to Health Regulations 2002 (COSHH). There is wide variation in risk, many are low to medium risk but there are some substances in veterinary practice, which pose a very serious risk to health. Implementing measures to control the exposure to low or medium risk substances can be adequately achieved when they are assessed by their therapeutic group/type/route of administration etc. The practice can set out standard measures to control exposures, for example: - Injectable anaesthetics - Pour-on anthelmintics - Steroidal compounds - Antibiotics Within these groups, practices must identify any specific medicines or substances that could have longer-term health risks, such as allergies e.g. penicillin, or sensitivities e.g. latex. Specific and detailed assessments and the resulting measures to control exposure must be made for high-risk substances such as: - Any hormones

	- Oil-based vaccines - Gluteraldehyde disinfectants - Cytotoxic drugs It should be noted that the lists mentioned are not exhaustive and practices should consider their own individual medicine/substance usage. Safety data-sheets are not legally required for veterinary medicines and many medicine companies do not produce them. Practices should therefore ensure that they have access to the current version of either the Summary of Products Characteristics (SPC) or a data-sheet for each authorised medicine used or stored in the practice. Copies of the current NOAH Compendium of Data Sheets are acceptable to fulfil this requirement for those medicine companies that participate. See http://bit.ly/1Pc2D9A (for veterinary SPC) and http://bit.ly/1INlaaB (for non-veterinary SPCs).' to '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: - Finding out what the health hazards are - deciding how to prevent harm to health (risk assessment) - Providing control measures to reduce harm to health - Making sure they are used - Keeping all control measures in good working order - Providing information, instruction and training for employees and others - Providing monitoring and health surveillance in appropriate cases e.g. anaesthetic gas monitoring - Planning for emergencies. Examples of substances hazardous to health include: - Veterinary medicines – low risk can be grouped together e.g. antibiotics, high risk should be assessed specifically e.g. carcinogenic substances - Cleaning products - Agents that can cause allergies e.g. latex, penicillin - Infectious agents e.g. bacteria, viruses - Substances e.g. dust 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. See the HSE guidance on COSHH: http://www.hse.gov.uk/coshh/'
14.1.18	Guidance notes amended from 'Evidence of servicing of: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers. Frequency of servicing is determined by manufacturer or competent person recommendation.' to '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. Frequency of servicing is determined by the manufacturer or a competent person's

	recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.'
14.1.19	Added to guidance notes 'This information should be displayed in the practice.'
14.1.20	Guidance notes amended from 'The written programme containing the findings of the risk assessment, together with: evidence of inspection of the electrical installation by a competent person and PAT testing and visual inspection records will be required. For the electrical installation in the building, the frequency of the inspection (by a competent person) should be as directed by that competent person. For portable electrical equipment, cables and leads, formal visual inspection and testing are considered. Advice should be sought from a competent person regarding the appropriate frequency for these as this will depend upon the individual circumstances of a practice. Equipment should be labelled with the date of inspection, or a database kept. Failed equipment must not be used and repaired equipment must be tested before use. Residual Current Devices are required for any equipment used in wet conditions. Assessors will ask to see PAT testing and visual inspection records.' to 'The written programme containing the findings of the risk assessment, together with: - Evidence of inspection of the electrical installation by a competent person (frequency dictated by competent person) - 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) - Failed or damaged equipment must be identified clearly and removed from use. See the HSE guidance on electrical safety at work: http://www.hse.gov.uk/electricity/index.htm'
14.1.22	Guidance notes added – 'Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training. Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.'
14.1.24	Guidance notes amended from 'The fire officer can explain how regular reviews of practice fire safety are carried out. Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. A fire log book or other records should be used to record testing and servicing of fire alarms (if present), emergency lighting and call points, and team members training and evacuation procedures. A premises checklist may be useful.' to 'Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. A premises checklist may be useful.'
14.1.25	Requirement wording amended from 'There must be regular maintenance of fire alarms and equipment and regular fire practice evacuations.' to 'There must be regular maintenance of fire alarms and equipment.' Guidance notes amended from 'Fire log in place which records: tests of alarms and equipment, evacuation drills and evidence of regular maintenance.' to 'There should be a Fire log, or similar recording, in place detailing: -Tests of alarms and equipment – Servicing -Emergency lighting - Call point testing - Regular maintenance. A schedule of regular workplace inspections (premises checklist) may be useful.'
14.1.26	Requirement wording amended from 'The practice must have performed a fire risk assessment.' to 'The practice must have performed a fire risk assessment and regular fire practice evacuations.' Guidance notes amended from 'The risk assessment should be regularly reviewed. Where gas/oxygen cylinders are being transported in practice vehicles, a 2kg dry powder fire extinguisher is required in the vehicle. Evidence should be provided of suitable hazard training.' to 'Employers (and / or building owners or occupiers) must carry out a fire safety risk assessment and keep it up to date. 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. 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: http://www.hse.gov.uk/toolbox/fire.htm. The practice must also have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. 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.'
14.1.28	Requirement wording amended from 'There must be an appointed person to take charge should someone fall ill or be injured, and to restock the first aid box. A second person must be appointed to take charge if the first appointee is off duty.' to 'A first aid needs assessment should be carried out.' Guidance notes amended from 'An 'appointed person' is an individual nominated by their employer to take charge when someone is injured or falls ill. Their responsibilities include looking after the first aid equipment e.g. restocking the first aid box and calling an ambulance. Appointed persons should not administer first aid unless trained to do so. Note: nomination of an appointed person is a minimum requirement, but practices should consider if an appointment of more than one person is necessary or if a first aider should be appointed. A first aider is someone who has undergone a training course in administering first aid and holds a current first aid at work certificate (these are time-limited to three years). A first aider can undertake the duties of an appointed person. For further guidance, see HSE leaflet INDG214: http://bit.ly/1N79ZO1. The appointed persons can describe how they have been prepared for their responsibilities which may just be stocking the first box and calling an ambulance.' to 'The assessment should consider: - The workplace - The team - The hazards present The assessment will help you to decide whether you need: - Appointed person(s) - First aider(s) – level of training identified by the needs assessment e.g. emergency first aid There must always be someone available to take charge of the first aid arrangements, namely: - Looking after the equipment and facilities - Calling the emergency services when required Arrangements should be made for an appointed person to be available to undertake these duties at all times when people are at work. Documents amended from 'List of appointed persons for first aid and evidence of training of appointed persons for first aid.' to 'First aid needs assessment. List of appointed person and / or trained first aiders. Evidence of any training undertaken.'
14.1.29	Guidance notes amended from 'The team members know the location of such items.' to 'This includes for practice vehicles. 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.'
14.1.30	Requirement wording amended from 'The practice must have an accident book.' to 'The practice must have an accident book, or equivalent electronic version.' Guidance notes amended from 'Team members should know where and how to complete an accident record and what to do with the form. Completed forms should be stored securely. An accident book is required by law and must meet the requirements of the Data Protection Act. It must record the following: - Date and time of accident or occurrence - Full name and address of the person involved and the injury or condition suffered - Where the accident or occurrence happened - A brief description of the circumstances - In the case of a notifiable disease; The date of diagnosis, The occupation of the person concerned and the name or nature of the disease Records should be removed and stored securely and information kept for at least three years.' to 'Team members should know where and how to complete an accident record and what to do with the form. 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. 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. Accident forms should be audited regularly.'

14.1.31	Guidance notes amended from 'Managers or first aid appointees can explain how they should report under RIDDOR and the criteria to look for. Online reporting under RIDDOR is available here: http://bit.ly/1DPy0qc' to 'Responsible persons can explain how they should report under RIDDOR. Further information is available at: http://www.hse.gov.uk/pubns/indg453.pdf'
14.1.32	Guidance notes amended from 'The current waste audit should be available and team members should be able to describe how they handle different forms of waste. Adequate waste receptacles should be used to allow immediate disposal of hazardous items. Full containers should be stored in hygienic conditions and be clearly identified. Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. Assessors will ask to see evidence of: - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years) For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: http://bit.ly/1WfH1P6. However, local variations exist and practices should consult the Environment Agency or their own local waste management authority for information. Non-hazardous (non-special) waste must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.' to 'Team training: -Team members should be able to describe how they handle different forms of waste Storage: -Adequate waste receptacles should be used to allow immediate disposal of hazardous item -Full containers should be stored in hygienic conditions and be clearly identified -Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor Assessors will ask to see evidence of: -The current waste audit should be available -A contract with a permitted waste contractor(s) -Policies and practice to segregate and label waste into appropriate streams and to store it hygienically -Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales -Waste transfer notes (which should be stored for two years). 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: http://bit.ly/1WfH1P6. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information.
14.1.33	Guidance notes amended from 'Team members can describe safety procedures in use and how inspection is carried out. The practice must be aware of The Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the regulations prior to use and thereafter have the equipment inspected regularly. The regulations require that lifting equipment is: - Sufficiently strong, stable and suitable for its intended use - Positioned or installed to prevent risk of injury - Visibly marked with appropriate information for safe use - That lifting operations are planned and supervised and carried out by competent operators Lifting equipment should be examined prior to first use and thereafter inspected regularly in accordance with recommendations of a competent person who shall issue a certificate of inspection and report of any action required. An example of equipment covered by the regulations is overhead gantry cranes for lifting anaesthetised horses.' to 'Team members can describe safety procedures in use and how inspection is carried out. The practice must be aware of The Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the regulations prior to use and thereafter have the equipment inspected regularly.'
14.1.34	Requirement wording amended from 'Where firearms are stored on the premises and / or used in the course of practice business, a firearms certificate must be shown.' to '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.'
14.1.35	Requirement added – 'Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services. Guidance notes 'Cylinders should be stored according to the following requirements: -Must be stored under cover, preferably outside -Adequate ventilation is required -They should be clean, dry and protected from extremes of temperature -Secured to prevent falling or misuse (either horizontal racks or > E size vertical with holder) -Sited away from any sources of heat or ignition -Different types of gas should be separated within the store A trolley is recommended for any movement within the practice. 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. 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. All personnel handling compressed medical oxygen cylinders should have adequate knowledge of: -The properties of the gas used -The correct operating procedures for the cylinder -Precautions and actions to be taken in the event of an emergency. Documents 'Risk assessment for storage and transport / movement of medical gas cylinders. Evidence of team training. SOP / practice guidelines relating to storage, handling and maintenance and safe use of medical gases.'
14.1.36	Requirement added – '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.' Guidance notes 'Control measures should include: -Protective clothing - Eye protection specific to the equipment used, Gloves and coveralls (surgical lasers only) -A designated treatment room (laser controlled area). This should have - Restricted access, Clear signage, Blinds on windows and door portholes - Means to prevent nearby workers and third parties being injured by the AOR. -Provision of medical examination if workers are over exposed. It may be helpful to appoint a Laser Protection Supervisor. A log of AOR usage is recommended.' Documents 'Risk assessment (including an exposure limit value). Evidence of review of risk assessment (to ensure all necessary controls are in place). Training records for all team members involved in the procedure. Procedure / SOP for AOR use (specific to the clinic).'
14.1.37	Requirement added – 'The practice must assess whether or not it is in a radon affected area.' Guidance notes 'This is required for all practices, regardless of whether or not diagnostic imaging is used. 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 (above the UK Action Level of 200 Bq m^{-3}), remedial action should be taken. See the Public Health England (PHE) UKradon website for further information and to request a radon address search: https://www.ukradon.org.'
14.1.38	Requirement added – '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.' Guidance notes 'Mental health is explicitly addressed within practice policies e.g. H&S, Sickness and Absence etc. Information about mental health support is made available to all team members e.g. posters, intranet, employee handbook, flyers etc. 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. This should include team members being encouraged to use their annual leave entitlements. Team members can describe the measures in place to support them at work in the event of a mental health issue (e.g. group reflective practice). 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. 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: https://www.gov.uk/guidance/equality-act-2010-guidance. The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), NHS, vetlife (https://www.vetlife.org.uk/), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (https://www.vetmindmatters.org/).'
14.2.1	Added to guidance notes 'As part of this, at least one member of the practice team should undertake one day of mental health awareness training.'
14.2.5	Requirement added – 'There are written records to show that regular reviews are held with clinical team members to support them to plan their professional development.'
14.2.6	Requirement added – 'Mental health and wellbeing is embedded in induction training for new starters.'
14.2.7	Requirement added – 'The practice displays information and resources on mental health and wellbeing e.g. Samaritans, Mind Matters, Vetlife.'
14.2.8	Requirement added – 'The practice has a written policy on physical and mental health and wellbeing which is made available to all team members.'
14.2.9	Requirement added – 'The practice offers a phased return to team members who have been on long-term sick leave.'
14.2.10	Requirement added – 'Line managers should also have clear guidance on how to deal with mental health issues in the workplace.' Guidance notes '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. 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: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. Managers can describe where they would seek additional advice and guidance on issues around mental health. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), HSE (https://www.hse.gov.uk/stress/assets/docs/manage-mental-health.pdf), and the RCVS Mind Matters Initiative Managers' training.
14.2.11	Requirement added – 'The practice has a sustainability policy.' Guidance notes 'This should include a recycling and waste reduction plan.'
14.5.1	Guidance notes amended from 'This might include an external course, webinar, online resources or documented self-study. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' to 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.'
14.5.2	Guidance notes amended from 'This might include an external course, webinar, online resources or documented self-study. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' to 'This might include an external course, webinar, online resources or documented

	self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.'
14.5.3	Guidance notes amended from 'This might include an external course, webinar, online resources or documented self-study. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' to 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.'
14.5.21	Requirement wording amended from 'The team members understand the aims and objectives of the business to a level appropriate to their role.' to 'The practice has a mission statement and the practice team understand their contribution to it.'
14.5.24	Requirement wording amended from 'There are specific risk assessments undertaken for routine/common procedures undertaken in live animals.' to 'There are specific risk assessments undertaken for routine/common procedures performed in farm animals.' Guidance notes amended from ' The BEVA guidance on managing equine risk is available via: http://bit.ly/2fiXtk4' to 'See the HSE guidance on risk assessment when working with livestock (https://www.hse.gov.uk/agriculture/topics/livestock.htm), and the Government guidance on Farm health and safety (https://www.gov.uk/guidance/farm-health-and-safety)'
14.5.34	Requirement added – 'The practice holds detailed records of sickness absence, which include recording of work-related illness or injury, and these are held and used to analyse causes for absence.' Award points 20.
14.5.35	Requirement added – 'The practice has written policies on suicide prevention and postvention.' Award points 10.
14.5.36	Requirement added – 'The practice has a defibrillator / automated external defibrillator (AED) for emergency use by employees and clients.' Award points 10.
14.5.37	Requirement added – 'The practice has a policy for cases of suspected animal abuse.' Guidance notes 'Members of the team should be aware of animal abuse and the potential link to human abuse. Training materials are available from the Links Group and through the Links Veterinary Training Initiative: http://thelinksgroup.org.uk/. See chapter 14 of the supporting guidance for the *Code of Professional Conduct* for further information and advice on the responsibilities of veterinary surgeons and veterinary nurses in recognising and reporting animal and human abuse: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/client-confidentiality/. Award points 10.
14.5.38	Requirement added – 'All team members with line management responsibility have undertaken at least one day of mental health awareness training.' Guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points 30.
14.5.39	Requirement added – 'At least one member of the practice team has undertaken some training in inclusion and diversity.' Award points 20.
14.5.40	Requirement added – 'A buddy system is in place for all new team members.' Award points 20.
14.5.41	Requirement added – 'The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing via a systematic gathering process.' Behaviours 'A

	consistent and systematic approach to gathering feedback.' Guidance notes 'One way to approach this could be by completing the SPVS / RCVS Vet Wellbeing Awards application process. See the Vet Wellbeing Awards website for information on the application process, and for further guidance on improving wellbeing within the practice: https://vetwellbeingawards.org.uk/. Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs' Documents 'Analysis of feedback and actions.' Award points 10
14.5.42	Requirement added – 'The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing and there is evidence that the practice acts upon such feedback.' Behaviours 'Evidence that analysis is done to determine any required action.' Guidance notes 'Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs' Documents 'Analysis of feedback and actions.' Award points 30'
14.5.43	Requirement added – 'The practice can demonstrate evidence of waste reduction.' Guidance notes 'Examples of this could include the practice tracking and measuring its landfill waste, as well as its recycling waste.' Documents 'Comparison of yearly landfill waste reduction.' Award points 10.
15.1.8	Guidance notes added – 'This should be an adequate size for the work load of the practice.'
15.1.11	Guidance notes amended from 'Public and team members can share toilet facilities. Applicable legislation should be observed.' to 'There are minimum requirements for team welfare relating to: -Provision of sanitary conveniences -Facilities to wash -Facilities to store clothing See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm Public and team members can share toilet facilities.'
15.1.12	Guidance notes added – 'There are minimum requirements for team welfare relating to: -Facilities to rest and eat food See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm'
15.2.1	Guidance notes amended from 'The necessity for separate facilities however will be considered in light of the size of the practice. For example, if there were less than five members of staff at a practice then they would not need to meet the additional requirements in order to achieve GP accreditation.' to 'The necessity for separate facilities however will be considered in light of the size of the practice. For example, if there were three or less members of staff at a practice then they would not need to meet the additional requirements in order to achieve GP accreditation. This must be in place by 2025.'
15.2.2	Guidance notes amended from 'Team members are aware of the need to provide a hygienic and tidy front practice.' to 'Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.'
16.1.5	Requirement added – 'Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the operating area.'
16.2.1	Requirement wording amended from 'Sterile packs for emergency surgery must be available at all times.' to 'Sterile packs for emergency surgery must be available at all times. There must be a practice policy on sterilisation of instruments.'
16.2.2	Guidance notes added – 'Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.'

16.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
16.5.16	Award points amended from 20 to 10.
16.5.19	Requirement added – 'The practice routinely uses safe surgery surgical checklists.' Guidance notes 'Further information and a case study on implementing checklists can be found on the RCVS Knowledge website: https://knowledge.rcvs.org.uk/quality-improvement/tools-and-resources/checklists/.' Award points 30.

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Practice Standards Scheme

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Modules and Awards

Equine

Version ~~2.22 (November 2018)~~3 (insert date)

Contents

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Annex E – Equine edits (with tracked changes)

Introduction

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

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

Each of the modules will contain: Requirements, listing what a practice is expected to achieve in an Award or accreditation; Behaviours and Guidance notes, providing advice how to achieve the requirements, background information about the requirement or links to other organisations which also provide advice; and Documents, which details what supporting evidence might be expected at a PSS assessment.

If a document is accompanied by the  symbol it is expected that it will be uploaded to the PSS IT system and assessed before a visit to practice.

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Accreditation Level

Equine practices can apply to be accredited as:

- Core Standards
- General Practice - Ambulatory
- General Practice (GP)
- Veterinary Hospital

Core Standards

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

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

To achieve Core Standards practices must meet the Core requirements in all relevant modules. Thus if a practice did not undertake any surgery at the premises then it would be exempt from the requirements of this module. There is one exception to this rule, namely that equine practices accredited to Core Standard must have the ability to examine a horse's mouth using a gag and suitable light source even if they do not routinely carry out dentistry on site.

General Practice – Ambulatory

General Practice – Ambulatory is a new accreditation level. It recognises there are Equine practices that provide a GP level service (see below), albeit that they do not have stabling facilities or premises where horses are treated.

General Practice – Ambulatory practices must meet the Core and GP requirements in all modules except In-Patients.

General Practice

General Practice accreditation reflects the requirements of a primary care practice, which also aims to facilitate the achievement of high standards of clinical care.

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

Veterinary Hospital

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

Veterinary Hospitals must meet the Core, GP and Veterinary Hospital requirements in all of the Modules.

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Equine Awards

In addition to accreditation under the Practice Standards Scheme, Equine practices are eligible to apply to be assessed for additional PSS Awards in:

- Team and Professional Responsibility
- Client Service
- Ambulatory Service
- Diagnostic Service
- In-patient Service *(not available to GP – Ambulatory practices)*

Practices will be designated as 'Good' or 'Outstanding' within the Awards they select and will be free to promote themselves as such.

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

The Modules fit together to form the Awards. Practices that wish to achieve an Award must be 'Good' or 'Outstanding' in every module in the Award. In order to be designated as 'Outstanding' within an Award a practice premises must be 'Outstanding' in all of the Modules in that particular Award.

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

Award 1: Team and Professional Responsibility				
Required Modules:	Pages	Award Points Available:	Good:	Outstanding:
Clinical Governance	26 – 29	~~260~~320	~~160~~190	~~210~~260
Infection Control and Biosecurity	79 – 82	~~300~~350	~~180~~210	~~240~~280
~~**Medical Records**~~	~~138 – 139~~	~~280~~	~~170~~	~~220~~
Medicines	125 – 130	~~430~~430	260	~~340~~340
Practice Team	192 – 198	~~590~~770	~~360~~460	~~480~~620

Award 2: Client Service				
Required Modules:	Pages	Award Points Available:	Good:	Outstanding:
Client Experience	35 – 43	~~560~~700	~~340~~420	~~450~~560

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Award 3: Ambulatory Service				
Required Modules:	Pages	Award Points Available:	Good:	Outstanding:
Infection Control and Biosecurity	79 – 82	~~300~~350	~~180~~210	~~240~~280
Medicines	125 – 130	~~430~~430	260	~~340~~340
Out-patients (Ambulatory)	154 – 169	~~690~~760	~~410~~460	~~550~~610
Dentistry	48 – 53	~~420~~430	~~250~~260	~~340~~340

Award 4: Diagnostic Service				
Required Modules:	Pages	Award Points Available:	Good:	Outstanding:
Diagnostic Imaging	66 – 72	~~390~~510	~~230~~310	~~310~~410
Laboratory and Clinical Pathology	103 – 107	~~400~~420	~~240~~250	~~320~~340

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Award 5: In-patient Service				
Required Modules:	Pages	Award Points Available:	Good:	Outstanding:
Anaesthesia	16 – 21	~~800~~870	~~480~~520	~~640~~700
Dentistry	48 – 53	~~420~~430	~~250~~260	340
Infection Control and Biosecurity	79 – 82	~~300~~350	~~180~~210	~~240~~280
In-patient Care	88 – 95	~~870~~860	520	~~700~~690
Nursing	143 – 144	~~220~~270	~~130~~160	~~180~~220
Pain Management and Welfare	173 – 175	~~270~~310	~~160~~190	~~220~~250
Surgery	209 – 215	~~750~~810	~~450~~490	~~600~~650

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The Awards will be available to all practices whether they are accredited to Core Standards, General Practice or Veterinary Hospital. The In-patient module, by its nature, will not be available to GP – Ambulatory practices.

For a practice accredited to Core Standards some of the Awards may not be achievable due to the constraints of the premises or the work undertaken, however we would expect they would

be able to attain Awards in Team and Professional Responsibility and Client
Service.

Where a Core Standards practice would like to apply for an Award it would also need to comply with the General Practice requirements within the applicable modules.

Modules and Awards

Module 1: Anaesthesia

Core Standards

Point	Requirements	Guidance notes	Documents
1.1.1	If carrying out gaseous anaesthesia the practice must carry out monitoring of anaesthetic pollutants in operating areas and maintain written records of this. Written evidence of measurement of personal exposure to anaesthetic monitoring is required. Monitoring must be carried out on an annual basis, or if the nature of the anaesthetic equipment and circuitry is changed. Assessors will check that the readings recorded fall within the current Workplace Exposure Limits for the agent(s) used.	Exposure limits for the agent(s) used. These are currently: - 10ppm Halothane - 50ppm Isoflurane - 60ppm Sevoflurane - 100ppm nitrous oxide All these values are subject to review and are calculated on an eight hour Time Weighted Average (TWA) basis.	Anaesthetic gas monitoring result.
1.1.2	If carrying out gaseous anaesthesia the practice must provide facilities for the scavenging of anaesthetic gases. Scavenging must comply with current health and safety laws.	Facilities for scavenging include any device or ducting system for the removal of waste gases from the operating area: - Passive scavenging – by duct to the open air - Charcoal absorbers – e.g. Aldosorb - Active scavenging – via a pump and air break device	Inspection certificate for active scavenging system.

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		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.~~may administer general anaesthesia.~~	~~During maintenance of gaseous anaesthesia a second veterinary surgeon should be in attendance for the specific purpose of monitoring the anaesthesia.~~	
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.	

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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 maintaining anaesthesia (exceptions include emergency field anaesthesia, or very short procedures e.g. colt castrate).	Monitoring a patient during anaesthesia and the recovery period is the responsibility of the veterinary surgeon, but may be carried out 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. Evidence of suitable training must be provided if the team member is not a veterinary surgeon or 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.	

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Module 1: Anaesthesia

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
~~1.2.1~~	~~All general anaesthesia and recoveries must be induced and maintained by an MRCVS.~~		
1.2.2	Anaesthesia expected to last more than an hour must be adequately monitored by ~~an MRCVS~~a second veterinary surgeon, other than the surgeon, and must include monitoring by direct arterial blood pressure measurement and ECG.	It would normally be expected that procedures requiring anaesthesia lasting over an hour should be undertaken in a dedicated room and on a padded surgery table. ~~Exceptions include emergency field anaesthesia e.g. rescue anaesthesia with emergency services.~~	
1.2.3	Anaesthetic charts must be filled in for each patient (except in emergency or very short procedures). These charts must form part of the clinical records.	The chart must include: - Date - Personnel involved - Induction agent (dose and time) - Maintenance agent (dose and time) - Duration of anaesthetic - Surgical procedure - Any anaesthetic complications - Vital signs	Completed anaesthetic charts.

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		- Other medication administered (dose and time) - Quality of recovery - This includes sedation.	
1.2.4	There must be adequate facilities for the induction, maintenance and recovery from general anaesthesia, ~~which may be performed~~ whether in the field or at the practice premises.	There must be consideration for the safety of the patient and all personnel present.	
1.2.5	If anaesthesia is performed on the practice premises, a suitable and safe system of transporting horses between the operating area and the induction/recovery area, if different, must be available.		
1.2.6	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.
1.2.7	There must be an SOP for dealing with anaesthetic emergencies.		
1.2.8	If gaseous anaesthesia is used, anaesthetic circuits (including a range of endotracheal tubes) suitable for all sizes of patients (e.g. foals and miniature horses) must be available.		
1.2.9	There is an SOP outlining how anaesthetic pollutants are reduced during anaesthetic procedures.	This should include:	

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Annex E – Equine edits (with tracked changes)

		- Ensuring active scavenging system is switched on (if present) - Flushing of circuits - Location of recovering patients and ventilation of area - Warning signs when using open masking	

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Module 1: Anaesthesia

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
1.3.1	There must be a provision for performing aseptic intra-operative radiography.	A written protocol for maintenance of asepsis should be produced.	Protocol for aseptic intra-operative radiography.
1.3.2	Provision must be made to remove a horse from the operating table in the case of hoist failure.	This could be by a manual hoist.	
1.3.3	A range of induction and maintenance agents must be stocked to permit anaesthesia of all patients treated including high risk patients.	This must include the ability to undertake gaseous anaesthesia.	
~~1.3.4~~	~~Anaesthetic circuits suitable for all sizes of patients (e.g. foals and miniature horses) must be available.~~		
1.3.5	A mechanical ventilator must be available.	Manual compression of rebreathing bag is insufficient.	

Annex E – Equine edits (with tracked changes)

1.3.6	Monitoring equipment for blood gases must be available.		
1.3.7	There is proper ventilation during patient recovery to limit human exposure to exhaled anaesthetic gases.		
1.3.8	An MRCVS is dedicated to monitoring the condition of each anaesthetised patient until fully recovered.	This should be up to and including return of the horse to its stable.~~includes after the horse has returned to its stable.~~	
1.3.9	A clock or watch showing seconds must be visible to any team member monitoring an animal under anaesthesia or sedation.		
1.3.10	Anaesthetic equipment must be checked before use on a daily basis.	There should be records in place to verify equipment is checked on a daily basis.	
1.3.11	There must be a source of oxygen and emergency oxygen flush with reducing valve, rotameter and vaporiser.		
1.3.12	Equipment for the administration of oxygen and the safe maintenance of anaesthesia and resuscitation must be appropriate for the species treated.		
1.3.13	Temperature-compensated vaporisers must be used.		

Module 1: Anaesthesia

Award Points

This module contributes to the Award in In-patient Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
1.5.1	General anaesthesia CPD has been undertaken in the last four years and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of anaesthesia CPD.	10
1.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) in anaesthesia and there is evidence of dissemination to the rest of the team.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

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Annex E – Equine edits (with tracked changes)

~~1.5.3~~	At least one MRCVS has a post-graduate qualification in anaesthesia and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in anaesthesia.	This includes AP status or an old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification.	~~30~~
1.5.4	Patients are intubated to provide inhalational anaesthesia.				30
~~1.5.5~~	~~A range of endotracheal tubes must be available.~~				~~30~~
1.5.6	Endotracheal tubes and breathing systems must be cleaned after every use and stored appropriately.	Systematic approach to maintaining standards of cleaning and disinfection standards.	Team members will be asked to explain the process. An SOP is available for cleaning and its use is regularly audited.		20
1.5.7	Training has been undertaken and facilities are available for monitoring respiratory rate.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed; practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms, observations on the day and speaking with team members.	Anaesthetic records.	20

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1.5.8	Training has been undertaken and facilities are available for monitoring blood oxygen saturation.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed; practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms, observations on the day and speaking with team members.		20
1.5.9	Training has been undertaken and facilities are available for monitoring blood pressure (direct measurement).	What is required should be based on a risk assessment and will depend on the number and nature of operations performed; practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms, observations on the day and speaking with team members.		20
1.5.10	Training has been undertaken and facilities are available for monitoring cardiac rate and rhythm.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed; practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms, observations on the day and speaking with team members.		20
1.5.11	Training has been undertaken and facilities are available for monitoring end tidal carbon dioxide.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed; practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms, observations on the day and speaking with team members.		20

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Annex E – Equine edits (with tracked changes)

1.5.12	Training has been undertaken and facilities are available for monitoring blood gasses.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed; practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms, observations on the day and speaking with team members.		30
1.5.13	There has been adequate training of team members in the interpretation of data from and troubleshooting of monitoring equipment.	The practice trains team members to use relevant equipment.	Assessors may ask to see training records and may speak to team members.		30
1.5.14	The practice has a protocol for the safe re-filling of anaesthetic vaporisers (e.g. a key-filling system).		This will help reduce team members' exposure to inhalation agents.	Protocol for safe filling of vaporisers.	20
1.5.15	A ventilation system is available.		This could include a rebreathing bag operated manually by suitably trained personnel.		20
1.5.16	A mechanical ventilator is available.				20
~~1.5.17~~	~~Anaesthetic circuits suitable for all sizes of patients (e.g. foals or miniature horses) are available.~~				~~20~~

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Annex E – Equine edits (with tracked changes)

1.5.18	There is a designated area for induction and recovery which is well maintained and clean.		There should be adequate facilities to monitor equine patients and personnel therein e.g. CCTV.		40
1.5.19	There is a crush door available for use during induction.				~~12~~0
1.5.20	A suitably designed operating table with adequate positioning, padding and support is used.		Adequate padding to minimise the risk of myopathy.		20
1.5.21	A hoist system is available and is professionally maintained.				30
1.5.22	Facilities are in place to enable removal of the patient from the operating table in the event of hoist failure.				20
1.5.23	A suitable number of team members are trained in the principles of CPCR of the horse and foal.		Written and practised procedures should be in place. Assessors may ask to see training records and may speak to team members.	Training records.	20

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1.5.24	The practice uses a checklist to identify the patient, procedure and current medication prior to induction.	A systematic approach to patient safety with appropriate checks made prior to procedures.	This should include any equipment checklist, medical checklist and history review (including allergies) and whether the pre-anaesthetic clinical examination has been carried out. Team members will be asked to explain the process and provide an example checklist.	Anaesthetic checklists.	30
1.5.25	A clinical examination is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic is recorded.	A systematic approach to patient safety with appropriate checks made prior to procedures.			20
1.5.26	Risk assessment of the patient is performed by a MRCVS and recorded immediately before administration of any sedation, premedication or anaesthetic.	A systematic approach to patient safety with appropriate checks made prior to procedures.			20
1.5.27	Patients have intravenous catheters in place during general anaesthetic.		Exceptions include very short procedures.		30
1.5.28	The use of intravenous fluid therapy during anaesthesia for appropriate cases can be demonstrated.				30

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1.5.29	Positive inotrope solutions are used in appropriate cases.				20
1.5.30	A ~~practice team member~~vet or RVN is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered from anaesthesia.	Appropriate patient aftercare, to the satisfaction of the supervising veterinary surgeon.	This ~~includes after the horse has returned~~ should be up to and including return of the horse to its stable.	Anaesthetic records.	30
1.5.31	Appropriate communication is held with the owner, prior to anaesthesia, explaining the potential risks and complications of the procedure.		This may be evidenced by an entry on the client record or a signed consent form including these details.		30
1.5.32	The practice has an oxygen demand valve for use when required.				20
1.5.33	The practice has the facility and team members are trained to sling horses in recovery.				20
1.5.34	The practice audits anaesthetic complications.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits.	Audit report.	20
1.5.35	Body temperature is monitored at appropriate intervals.				10

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1.5.36	Steps are taken to maintain normal body temperature.				20
1.5.37	There are facilities for assisted recoveries and training is provided to team members.		Facilities should include a rope recovery system.		20
1.5.38	CCTV monitoring of the recovery area is in place and used.				20
1.5.39	Local anaesthetic techniques are regularly employed to augment general anaesthesia.				10
1.5.40	Epidural aneasthesia is performed on appropriate cases.		Assessors will expect to see evidence from case records.		20
1.5.41	There are facilities for performing standing surgeries.		Facilities should include appropriate restraints. There should be a protocol in place for their use.		10
1.5.42	Constant Rate Infusion (CRI) of sedation drugs during standing surgery is used.		Evidence should be provided through clinical records.		20
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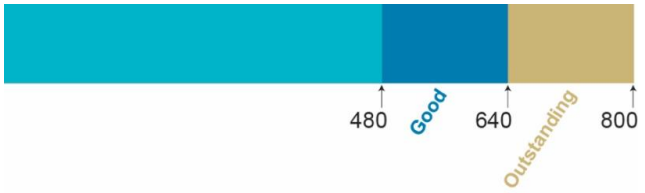

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Module 2: Clinical Governance

Core Standards

Point	Requirements	Guidance notes	Documents
2.1.1	Veterinary surgeons must ensure that clinical governance forms part of their professional activities.	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. 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. Evidence-based veterinary medicine is a key focus of RCVS Knowledge; www.rcvsknowledge.org/evidence-based-veterinary-medicine. Further information on Clinical Governance can be found on the RCVS Knowledge's website: www.rcvsknowledge.org/quality-improvement. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the RCVS Code of Professional Conduct: http://bit.ly/1TujSJR. 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. Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.~~Clinical governance is a framework to enable the practice to deliver good quality care by reflecting on clinical cases analysing and~~	

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		~~continually improving professional practice as a result, for the benefit of the animal patient and the client/owner.~~ ~~Clinical effectiveness measures how well a particular procedure achieves the desired outcome. For practices to be clinically effective they need access to the best available evidence in order to discuss and draw up protocols and monitor how effective they are by clinical audit and significant event reviews.~~ ~~Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1TujSJR~~ ~~Evidence-based veterinary medicine is a key focus of RCVS Knowledge: http://bit.ly/1MpqQeS.~~ ~~Further information on Clinical Governance can be found on the RCVS Knowledge's website: http://bit.ly/2EiJy6b~~ ~~There is a useful practical guide on the BSAVA website: http://bit.ly/1J1wc99~~ ~~Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.~~	

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2.1.2	Veterinary surgeons must refer cases as appropriate.	There should be protocols for referral that are regularly reviewed and known to all the practice team. Assessors will expect to see records of recent referrals or of case discussions with referral practices. ~~Assessors will expect to see records of recent referrals or of case discussions where referral was recommended.~~ 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: http://bit.ly/2rXiaHs	
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.		

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Module 2: Clinical Governance

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
2.2.1	The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.~~The practice must have a system in place for monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.~~	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: www.rcvsknowledge.org/quality-improvement~~Written evidence of regular clinical meetings, journal clubs or clinical protocols and guidelines. 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".~~	Written evidence of continual improvement, regular clinical meetings, journal clubs or clinical protocols and guidelines.~~Written evidence of regular clinical meetings, journal clubs or clinical protocols and guidelines.~~

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		~~A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's website: http://bit.ly/1ZFWo56.~~	
2.2.2	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.	
2.2.3	There is evidence of development of practice guidelines and protocols.		
2.2.4	Where appropriate, copies of clinical protocols/guidelines are available for new team members and locum induction.	Consistent information is provided to all new team members. Evidence of induction records and training.	Induction and training records.

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Module 2: Clinical Governance

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
2.3.1	Regular morbidity and mortality meetings and significant event meetings must be held to discuss the outcome of clinical cases. There are records of meetings and changes in procedures as a consequence ~~Regular morbidity and mortality meetings must be held to discuss the outcome of clinical cases. There are records of meetings and changes in procedures as a consequence.~~	Open, honest discussions with clear actions and no barriers to feedback. Discussions should be ongoing or at least monthly as a minimum and would ideally be face-to-face. Evidence of changes made as a result of such meetings.	Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement. ~~Minutes of meetings.~~

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Annex E – Equine edits (with tracked changes)

2.3.2	Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited.~~Clinical procedures carried out in the practice are audited and any changes implemented as a result.~~	There is evidence that some commonly used procedures are audited and that any changes required are implemented. This forms part of the regular review of best practice. A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's Tools and Resources page: www.rcvsknowledge.org/quality-improvement~~A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's Tools and Resources page: http://bit.ly/2EiJy6b~~	Audit report and recommendations with evidence of actions. ~~Audit report.~~

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Module 2: Clinical Governance

Award Points

This module contributes towards the Award in Team and Professional Responsibility; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
2.5.1	Clinical governance CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of clinical governance CPD.	2~~1~~0
2.5.2	At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance ~~or equivalent~~.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

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Annex E – Equine edits (with tracked changes)

2.5.3	The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care. ~~The practice has regular clinical meetings to which all clinical team members can input items for discussion.~~	Open, honest discussions with clear actions and no barriers to feedback.	Meetings should be monthly as a minimum and do not necessarily need to be face-to-face.	Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement. ~~Minutes of meetings.~~	20

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2.5.4	Following a significant event (e.g. unexpected medical or surgical complication, anaesthetic death, accident or serious complaint), a 'no-blame' meeting is held as soon as possible to consider what, if anything, could have been done to avoid it.	Open, honest discussions with clear actions and no barriers to feedback. The emotional impact of the event on team members is explicitly addressed in a supportive environment.	The meeting is recorded and any changes in procedure as a result are communicated to all team members. Team members needing additional support in the aftermath of a significant event should be signposted to Vetlife or their GP. Guidance, including examples and templates to assist practices with significant events can be found on RCVS Knowledge's Tools and Resources page: www.rcvsknowledge.org/quality-improvement~~Guidance, including examples and templates to assist practices with significant events can be found on RCVS Knowledge's Tools and Resources page: http://bit.ly/2EiJy6b~~	Significant event reports and meeting minutes.~~Significant event reports or meeting minutes.~~	30

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2.5.5	Clinical protocols and guidelines are drawn up and reviewed following team discussion considering the evidence base.~~Clinical protocols/guidelines are drawn up and reviewed following team discussion considering the evidence base.~~	The practice reviews current evidence to inform local practise~~The practice reviews best practice.~~	Evidence of reviews of procedures and changes made as a result of review. Examples and templates to assist practices in the creation and review of guidelines and protocols can be found on RCVS Knowledge's Tools and Resources page: www.rcvsknowledge.org/quality-improvement~~Evidence of reviews of procedures and changes made as a result of review.~~ ~~Examples and templates to assist practices in the creation and review of guidelines and protocols can be found on RCVS Knowledge's Tools and Resources page: http://bit.ly/2EiJy6b~~	Clinical protocols or guidelines.~~Clinical protocols.~~	20
~~2.5.6~~	~~Copies of clinical protocols/guidelines are available for new team members and locum induction.~~	~~Consistent information is provided to all new team members.~~	~~Evidence of induction records and training.~~	~~Induction and training records.~~	~~20~~
~~2.5.7~~	~~There is a system for updating team members on the use of all new equipment, procedures and new medicines used in the practice.~~		~~Evidence of induction records and training.~~		~~20~~

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Annex E – Equine edits (with tracked changes)

2.5.8	The practice runs regular journal clubs.		This forms part of the review of best practice. Support in running journal clubs is provided through RCVS Knowledge Library https://knowledge.rcvs.org.uk/document-library/setting-up-and-running-a-journal-club-in-practice/.	Records of journal club meetings.	20
2.5.9	Information learned from referral reports is shared with the clinical team.~~There are protocols for referral that are regularly reviewed and known to all the practice team.~~		~~Evidence of annual review. Referral reports are shared with the team.~~	~~Referral protocol.~~	10

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2.5.10	Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited. ~~Clinical procedures carried out in the practice are audited and any changes implemented as a result.~~		There is evidence that some commonly used procedures are audited and that any changes required are implemented. This could be process or outcome audit. This forms part of the regular review of best practice. See RCVS Knowledge's Tools and Resources page for advice: www.rcvsknowledge.org/quality-improvement~~There is evidence that some commonly used procedures are audited and that any changes required are implemented.~~ ~~This forms part of the regular review of best practice. See RCVS Knowledge's Tools and Resources page for advice: http://bit.ly/2EiJy6b~~	Audit reports and actions. ~~Audit reports.~~	30

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2.5.11	Regular morbidity and mortality discussions are held to discuss the outcome of clinical cases. There are records of discussions and changes in procedures as a consequence.	Open, honest discussions with clear actions and no barriers to feedback. These discussions explicitly address the emotional impact of clinical cases with a poor outcome.	There are records of discussions and changes in procedures as a consequence. Discussions should be ongoing or at least monthly and would ideally be face-to-face. Evidence of changes made as a result of such meetings. Team members needing additional support should be signposted to Vetlife or their GP. See RCVS Knowledge's Tools and Resources page for advice: www.rcvsknowledge.org/quality-improvement~~See RCVS Knowledge's Tools and Resources page for advice: http://bit.ly/2EiJy6b~~	Minutes of meetings.	20

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2.5.12	The practice is contributing data towards professional benchmarking or clinical data collection, or data for future potential publication.	Sharing of information to facilitate research and/or improve best practice.	This could include contributing data towards undergraduate projects~~.~~ or clinical data to organised multicentre studies for potential publication (e.g. Veterinary Evidence (www.veterinaryevidence.org), vetAUDIT (www.vetaudit.co.uk) or VetCompass (www.rvc.ac.uk/vetcompass)).		40
2.5.13	There is an organisational commitment to continual improvement.		This should be demonstrated at the practice level. Assessors will expect to see evidence of quality improvement activities.	Practice continual quality improvement policy.	20
2.5.14	Information from significant event meetings is shared with the profession in order to enable learning.		This could be shared within a practice group, via RCVS Knowledge's online forum (https://knowledge.rcvs.org.uk/document-library/case-study-form/), or via VetSafe (http://www.vds-vetsafe.co.uk/login/?ReturnUrl=%2F).		10
2.5.15	The practice contributes to the evidence base.		This could be by writing RCVS Knowledge summaries (https://www.veterinaryevidence.org/index.php/ve/about/submissions#authorGuidelines), research publications, or using BestBETS for Vets (https://bestbetsforvets.org/).		10

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2.5.16	There is a designated person in the practice responsible for overseeing clinical governance.				30
2.5.17	The clinical records system is set up in such a way as to allow data mining for the purposes of clinical governance, clinical audit, benchmarking, clinical research etc.		The records system can search e.g. name of procedure.		20
			TOTAL POINTS AVAILABLE:		~~260~~320
			OUTSTANDING:		~~210~~260
			GOOD:		~~160~~190

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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.	The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business, to include, for example: • Surgery opening times • Normal operating times • Fee or charging structures • Procedures for second opinions and referrals • Use of client data • Access to and ownership of records - The practice's privacy policy notice to include, for example: • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so	Information for new clients or terms and conditions.

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		• The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) • The data subjects rights and any relevant information needed to lodge a complaint with the Information Commissioners Office 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.~~Evidence could include client information leaflets, emails to clients and reminders. This information might be displayed on the website, provided to new clients and/or displayed in the surgery.~~ In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/). Where the lawful basis relied upon is consent, practices should ensure that communications are only ~~any electronic marketing communications presented or sent to the client should, however, only be~~ sent where (a) the client has given clear and specific consent, and (b) they were given the	

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		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 veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent.) For further information please refer to: http://bit.ly/2rXiaHs	
3.1.2	The practice must have a means of recording and considering client complaints.	~~Practices must provide a privacy policy to clients and put effective procedures in place in order to respond properly if clients exercise their rights under the GDPR (i.e. the right to access their personal data, the right to rectification and erasure, the right to be forgotten, the right to restrict processing, the right to data portability and the right to object to the processing of their personal data).~~ For further information please refer to: http://bit.ly/2rXiaHs	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.	

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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. ~~Options are discussed regarding methods of euthanasia, cremation, destination of ashes etc.~~		
3.1.6	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. ~~Charges are discussed with clients.~~	The practice must be able to demonstrate how fee estimates are generated and show the procedures for updating and informing clients of ongoing costs. Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records. Practices should be aware of their obligations under GDPR when communicating with clients. For further information please refer to: http://bit.ly/2rXiaHs ~~The practice must be able to demonstrate how fee estimates are generated and procedures for updating and informing clients of ongoing costs.~~	

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Module 3: Client Experience

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
3.2.1	There must be sufficient telephone capacity and human resources to meet the workload of the practice.	It could be that the practice carries out a regular audit of time taken to answer calls.	
3.2.2	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 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	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 ~~Pictures on notice boards, name badges, websites, newsletters.~~	
3.2.4	Insurance claims are handled efficiently and in a timely manner.	More information about managing insurance claims can be found in the supporting guidance for the Code of Professional Conduct: https://www.rcvs.org.uk/setting-standards/advice-and-	

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		guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/practice-information-and-fees/. There should be a written protocol for responding to insurance claims.	
3.2.5	There must be a written policy to deal with clients' complaints or criticisms and the practice must keep a record of complaints received and the responses made.	This should in line with guidance provided by the VDS or similar organisation -and should include at least: - Details of who deals with complaints in the practice - How complaints are dealt with - Timescales for responding to clients about complaints	Written complaints policy.
3.2.6	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	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.	

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Module 3: Client Experience

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
3.3.1	The practice must have a means of monitoring client perceptions and feedback.	A consistent and systematic approach to gathering feedback and evidence of analysis and actions taken. Practices should be aware under GDPR that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs	Analysis of feedback and action taken.

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Module 3: Client Experience

Award Points

This module contributes towards the Award in Client Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
3.5.1	A member of the team has undertaken training in the last four years in communication ~~and handling difficult situations and provided internal training to the team~~.		This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.~~	Documented proof of communication CPD.	1~~2~~0
3.5.2	There is an appointment system for named veterinary surgeons.				10
3.5.3	The practice provides guidance on parking facilities and access.		Information regarding parking facilities is available on the practice's website, social media and in new client packs.		10
3.5.4	Client's preferred clinician is noted on records if appropriate.				10

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3.5.5	The practice has a policy of providing information on euthanasia options.				10
3.5.6	The practice has an online presence which is updated with latest information on opening times, services and team members.				20
3.5.7	A range of media is used to communicate and interact with clients.		This might include social media, newsletters etc. When using social media practices should be respectful of and protect the privacy of others and comply with the data protection laws and their own practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs		20
3.5.8	The time taken to answer the telephone is monitored.				20
3.5.9	There are current and relevant notice boards in the public areas of the practice.		This can include electronic notice boards, details of current topical items and education.		20

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3.5.10	There is a reminder system in place e.g. for; vaccinations, follow-up examinations, dental checks and parasite control by telephone.	According to client preference.			10
3.5.11	There is a reminder system in place e.g. for; vaccinations, follow-up examinations, dental checks and parasite control by text.	According to client preference.			10
3.5.12	There is a reminder system in place e.g. for; vaccinations, follow-up examinations, dental checks and parasite control by email.	According to client preference.			10
3.5.13	The practice has a means of monitoring client perceptions and feedback via a systematic gathering process.	A consistent and systematic approach to gathering feedback.		Analysis of feedback and actions.	10
3.5.14	The practice has a means of monitoring client perceptions and feedback and there is evidence that the practice acts upon such feedback.	Evidence that analysis is done to determine any required action.	Practices should be aware under GDPR that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs	Analysis of feedback and actions.	30

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3.5.15	Use of RCVS PSS client questionnaire.		Please contact the Practice Standards Team, who will provide you with your unique, on-line, pre PSS assessment client questionnaire and advise you how many clients you need to send it to. The number of clients you need to send the questionnaire to will be based on the size of your practice. For an equine practice 20 responses per FTE vet is expected from the last two months. The results will be discussed with the practice. Practices should note that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. Please refer to the Guidance under Core requirement 3.1.1 for more guidance on GDPR responsibilities in this area.		40

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3.5.16	At least one member of the team has undertaken training in bereavement counselling in the last four years and provided internal training to the team.		This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. Blue Cross Pet Bereavement Support course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	Proof of bereavement counselling CPD.	20
3.5.17	There is client information available on coping with the loss of their horse and sources of support.		This could include leaflets, websites such as Our Special Friends: http://bit.ly/1TwDXKm, or The Pet Loss Vet: http://bit.ly/1gD0TL9 Client information should include details of either a practice bereavement counsellor or a local bereavement counselling service. Suggestion to include emotional support for clients and team members.		10

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Annex E – Equine edits (with tracked changes)

~~3.5.18~~	~~All relevant team members understand and are able to clearly communicate the practice's financial terms and conditions, and insurance protocols plus any alternative payment mechanisms that may be available including possible charitable eligibility.~~		~~Written information for clients is advisable.~~	~~Written information for clients on financial arrangements.~~	~~10~~
3.5.19	All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations.		This might be demonstrated by client feedback.		40
3.5.20	There is a process in place to ensure that referrals are carried out to a consistent standard.		The protocol must ensure the transfer of records and clinical information are accurate and consistent.	Referral protocol.	10
3.5.21	There is a system for updating the clients on fees on a frequent basis and for alerting the client as soon as practicable when fees reach or exceed the estimate or agreed fee interval.		Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records.		10
3.5.22	Payment options for all horses (including insured animals) are clearly communicated to clients.		~~Client literature.~~ Assessors will check that this is covered in the terms of business.	Client literature.	10

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3.5.23	Practices should have measures in place to direct clients to appropriate sources of information to help them choose an appropriate insurance option.		Only team members who have received Appointed Persons Training should give advice about specific policies.		10
3.5.24	Practice tours ~~and client awareness events~~ are encouraged and available.		The practice might provide virtual tours.		10

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3.5.25	Team members have received training on customer service within the last four years. ~~Team members have received training on customer service within last 4 years and provided internal training to the team.~~		This does not have to be veterinary specific training. This includes all members of the practice team, clinical and non-clinical. Within a 4 year period 50% of the team should have attended customer service training (internal or external). All new team members must attend customer service training within the initial 12 months of employment This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Evidence that the knowledge gained from such a course has been disseminated to other staff members. ~~This does not have to be veterinary specific training.~~ ~~This might include an external course, webinar, online resources or~~	Proof of customer service CPD. [redacted] ~~Proof of customer service CPD.~~ [redacted]	10~~30~~

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			~~documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.~~ ~~Evidence through team members training records that the knowledge gained from such a course has been disseminated to other staff members.~~		
3.5.26	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
3.5.27	A method is in place to monitor the client understanding of the consultation.				10
3.5.28	There is a method of informing clients when scheduled visit/consulting times are running behind.				10
3.5.29	There is a documented annual review of appointment scheduling procedures.		This enables an assessment to be made regarding demand for early/late/weekend appointments. The practice considers clients' suggestions and implements where practical.		10

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Annex E – Equine edits (with tracked changes)

3.5.30	Team members understand PSS ~~and can communicate the benefits of accreditation to clients~~.		Evidence is required that team members know their practice accreditation level and any Awards achieved, what the Scheme means and why the practice participates.		3~~4~~0
~~3.5.31~~	~~There is a system in place for the collection of medicines out-of-hours.~~		~~A degree of secure access and environmental controls should be considered.~~		~~10~~
~~3.5.32~~	~~There is a system in place for the delivery or collection of dispensed medicines.~~				~~10~~
3.5.33	The practice has a system in place to track the status of insurance claim forms.				20

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3.5.34	There should be a culture of whole team reviewing and learning together from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary. ~~There should be a culture of reviewing and learning from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.~~	It should be evident in discussions that complaints are seen as a positive way to engage with clients. ~~Practices that focus on just reducing or eliminating complaints do not understand the process.~~	Evidence of feedback being recorded and where appropriate investigation and action as a result. Assessors will speak to team members to understand better the attitude towards clients.	Analysis of feedback and complaints.	40
3.5.35	Team members can discuss what they have learnt from training in communication and handling difficult situations and what changes have been made to the practice as a result.		Evidence that the knowledge gained from training in communication and handling difficult situations has been disseminated to other staff members.		20
3.5.36	The practice has a protocol for providing special assistance to clients when required.				10
3.5.37	There is a written protocol for continuity where clinically applicable.				10
3.5.38	The practice carries out client focus groups to monitor client perceptions and feedback.		This should be at least annually.		10

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3.5.39	There is evidence that the practice acts upon feedback from client focus groups.				20
3.5.40	The practice has achieved a Net Promoter Score (NPS) of 80 or over in the pre-PSS assessment client questionnaire.				10
3.5.41	Client awareness and education events are held by the practice.		A total of three events per year must be held, including at least one face to face.		30
3.5.42	Team members can discuss what they have learnt from training in customer service and what changes have been made as a result.		Evidence that the knowledge gained from customer service training has been disseminated to other staff members.		20
3.5.43	The practice communicates to its clients what PSS means.		Information could be provided in client welcome packs, on the practice website or on waiting room displays.		20
3.5.44	The PSS Communications Toolkit is used by the practice to promote its Accreditations and Awards.		Assessors will expect to see examples of where the toolkit has been used in social media, advertising etc.		20

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3.5.45	Team members have attended training in consultation skills.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.		10
3.5.46	Team members can discuss what they have learnt from training in consultation skills and what changes have been made as a result.				20
3.5.47	The practice utilises a protocol to update records regarding deceased patients including removal of patients' names from reminder lists.	Team members understand the rationale behind this.		Protocol for updating records.	10
			TOTAL POINT AVAILABLE:		~~560~~700
			OUTSTANDING:		~~450~~560
			GOOD:		~~340~~420

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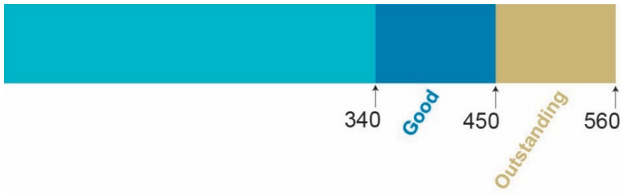

Module 4: Dentistry

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.	

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4.1.4	A selection of diagnostic and treatment equipment appropriate for the size of patients to be treated must be present.	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. If dentistry is routinely practiced, ~~on site,~~ a range of angled and straight hand held rasps and a full mouth speculum must be available. Elevators and extractors suitable for wolf teeth and loose molar removal. Bright light (e.g. head torch) and dental mirrors ~~are considered important equipment for~~ should be available and used when performing equine dental exams, together with equipment for deciduous cap removal.	
4.1.5	When appropriate, the practice has the ability to use sedation under routine examination and rasping of equine dentition.	This is for patient and personnel safety, as well as increased quality of execution of the procedure.	

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Module 4: Dentistry

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
4.2.1	Detailed dental records must be maintained and recorded on the patient history.	Records should include diagnosis and therapy, and the use of dental charts is recommended.	Dental charts or patient records.

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Module 4: Dentistry

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
4.3.1	Motorised dental equipment and evidence of training in their use must be available.	Assessors will ask for proof of appropriate training in use of this equipment e.g. BEVA practical dentistry course; BEVA/BVDA practical examination or evidence of studying towards the qualification; BAEDT training courses.	Proof of training in use of motorised dental equipment.
4.3.2	The practice must have stocks available for dental procedures.		

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Module 4: Dentistry

Award Points

This module contributes to the Awards in In-Patient Service and Ambulatory Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

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Point	Requirements	Behaviours	Guidance notes	Documents	Points
4.5.1	Dental CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to the practice have been made as a result.	Documented proof of dentistry CPD.	30

Annex E – Equine edits (with tracked changes)

4.5.2	At least one team member has completed a module of the CertAVP (or equivalent) in equine dentistry or has completed and passed the BEVA/BVDA exam.		If the post grad qualification is not modular then assessors will expect to see evidence of active participation and ongoing progress. Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module or evidence of progress.	20
4.5.3	At least one MRCVS has a post-graduate qualification in dentistry.	This person will be expected to be involved in drawing up and implementing protocols and team training in dentistry.	~~This includes AP status or an old style Certificate.~~ If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline. Points for this requirement will be updated once dentistry courses are more readily available.	Proof of qualification.	10

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Annex E – Equine edits (with tracked changes)

4.5.4	Dental procedures are performed by MRCVS or by paraprofessional team members who have undertaken appropriate CPD.		Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to the practice have been made as a result.	Evidence of training.	30
4.5.5	All team members involved with dentistry have received specific training in the use of powered dental equipment.	The practice ensures that the team is adequately trained to provide all necessary care.	This can be internal or external training.	Proof of training for team in use of motorised dental equipment.	20
4.5.6	The practice can demonstrate access to and appropriate use of stocks, head stand/head sling and quick release mechanism during oral dental/surgical procedures performed including extraction.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10
4.5.7	The practice can demonstrate access to and appropriate use of a range of spreaders and molar extraction forceps during oral dental/surgical procedures performed including extraction.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10

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4.5.8	The practice can demonstrate access to and appropriate use of a pressurised diastema flushing device during oral dental/surgical procedures performed including extraction.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10
4.5.9	The practice can demonstrate access to and appropriate use of motorised dental equipment featuring a cooling system during oral dental/surgical procedures performed including extraction.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10
4.5.10	The practice can demonstrate access to and appropriate use of dental impression material during oral dental/surgical procedures performed including extraction.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10
4.5.11	The practice can demonstrate access to and appropriate use of trephines during oral dental/surgical procedures performed including extraction.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10

4.5.12	The practice can demonstrate access to and appropriate use of oral endoscopy during oral dental/surgical procedures performed including extraction.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10
4.5.13	The practice can demonstrate access to and appropriate use of digital radiography and a means of performing intra-oral radiography during oral dental/surgical procedures performed including extraction.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10
4.5.14	The practice can demonstrate access to and appropriate use of a face mask and goggles during oral dental/surgical procedures performed including extraction.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10
4.5.15	The practice can demonstrate access to and appropriate use of a periodontal probe during oral dental/surgical procedures performed including extraction.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10

4.5.16	The practice can demonstrate access to and appropriate use of adequate analgesia during advanced procedures e.g. extractions.	Thorough pre-operative planning, including consideration of personal competence to perform the procedure. Use of suitable facilities and consideration of referral where appropriate.	~~Facilities, which could be shared, can include stocks, head stands, slings, standing and knock down area.~~		10
4.5.17	There is a dedicated dental procedures area with appropriate ventilation.		This area may be used for other contaminated procedures and should include non-slip flooring and stocks. There must be the ability to hose down and disinfect the area between patients.		20
4.5.18	The practice produces diagnostic quality ~~dental images~~radiographs or CT images.		Assessors will expect to see diagnostic quality radiographs.		40
4.5.19	Closed sterile packed instruments are available.				20
4.5.20	Local anaesthetic procedures are used as required.		This may include maxillary, mandibular and mental nerve blocks.		20
4.5.21	Educational resources on preventative oral health care are provided for clients.		These could include: website, posters, verbal instructions, nurse clinics or client meetings.	Copies of client information.	20

Annex E – Equine edits (with tracked changes)

4.5.22	The practice has a written Equine Dental Technician (EDT) liaison policy.		Includes a clear and demonstrable understanding of category 1/2/3 procedures and how they relate to working with paraprofessionals. This should also include specific guidance on accepting referrals from EDT's and the liaison with the patient's primary practice. The practice requests access to the dental charts created by the EDT on their primary patients.	Written EDT liaison policy.	20
4.5.23	Advanced dental imaging, such as CT is available.		This may or may not be onsite. Assessors will need to see evidence of CT use in the last 5 years.		20
4.5.24	Clients are given suitable post-procedure instructions and/or medications regarding pain control and nutrition.				20
4.5.25	Dental procedures are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audit.	Audit reports.	20
4.5.26	A veterinary surgeon has been specifically trained in minimally invasive dental extraction techniques and the practice has the appropriate equipment.		This requires specific equipment and evidence of training.	Evidence of training.	10

Annex E – Equine edits (with tracked changes)

			TOTAL POINTS AVAILABLE:		~~420~~430
			OUTSTANDING:		340
			GOOD:		~~250~~260

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.	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. 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. Practices must also notify the HSE if they exceed the radon threshold.	Evidence of registration and/or consent.

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5.1.3	The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice.	Assessors will ask to see an agreement with an RPA, including the scope of the activities upon which advice is required. 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. Material changes in e.g. equipment or workload must be notified to the RPA, who will decide if a visit is required. Practices should note that a Certificate of Competency issued to an RPA does not automatically denote experience of veterinary practice and suitable enquiries should be made. A list of the RPA 2000 Certificate holders is available here: http://bit.ly/1Elwabc	Letter of appointment of RPA. RPA report.

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5.1.4	The practice must appoint a radiation protection supervisor (RPS) in writing.	Assessors will ask to see the written appointment of one or more suitable RPSs. 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. HSE require any RPS to have had recent relevant radiation protection training within the last 5 years. ~~The RPS must command sufficient authority to supervise the work so that it is performed in accordance with the local rules and have an adequate understanding of the requirements of the Ionising Radiation Regulations. They must also know what to do in an emergency.~~ ~~HSE require any RPS to have had recent relevant radiation protection training.~~ Assessors will expect to speak to the RPS(s) during the visit.	Letter of appointment of RPS.

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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.	The risk assessment must be sufficient to demonstrate that: - All hazards with a potential to cause a radiation accident have been identified - The nature and magnitude of the risks have been evaluated Where the risk assessment shows the existence of a risk of a reasonably foreseeable radiation accident, the radiation employer shall take all reasonable steps to: - Prevent any such accident - Limit the consequences of any such accident - Provide employees with such instruction and training as is necessary to restrict their exposure 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 http://bit.ly/1ZyVMyc	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.	Local rules must be displayed in or near each X-ray area~~room~~. They must contain: Name of RPS - Controlled area – when and where it exists - Dose investigation level - Contingency plan - Written arrangements - Duties of RPS - How entry to controlled area is restricted Optional: - Name, address and telephone number of RPA - Arrangements for maintenance of equipment - Dosimetry arrangements - Use, storage and inspection of Personal Protective Equipment (PPE) Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.	Local rules for radiography.
5.1.7	A controlled area must be designated in accordance with advice from the RPA. It must also be adequately described in the local rules, physically demarcated where practical and provided with suitable and sufficient signs and warnings, all in accordance with the RPA's advice. Automatic warning lights are required at every entrance to the controlled area.	Within practice premises a specified room or rooms must be designated for radiography. It is desirable but not essential that the room is used solely for radiography. It is 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.	

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Annex E – Equine edits (with tracked changes)

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.	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. A guide to Ionising Radiations is available from the BVA website: http://bit.ly/2f4HabN	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.	

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5.1.10	Sufficient personal protective equipment must be provided and examined at regular intervals. All protective clothing must be thoroughly examined on an annual basis and a record kept. Regular inspection of safety equipment must be recorded.	When necessary, the practice must provide at least one protective apron ~~with a lead equivalence throughout of not less than 0.25mm~~, and, if animals are ever held, must provide hand, ~~and~~ forearm and thyroid protectors with a lead equivalence of not less than 0.5mm, sufficient for all personnel involved. When not in use, aprons should be stored and transported appropriately to avoid damage. The practice should have agreed with their RPA whether or not lead glasses are needed for equine radiography. Assessors will check team members' understanding of appropriate use. ~~Personal protective equipment may not be required where a practice confirms that:~~ ~~- Animals are never held~~ ~~- Team members are in a shielded position and can remain shielded in accessing the isolation switch~~ ~~- The practice provides written confirmation from their RPA that the situation is acceptable~~ The risk assessment should be reviewed at least annually.	Protocol and records for examining PPE.
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.	

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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.	If wet processing is used, an SOP should be in place. In particular, the development time, temperature and replenishment must be in accordance with the manufacturer's instructions. All X-ray chemicals must be stored safely and disposed of in an appropriate manner. See BVA Good practice guide to handling veterinary waste for further information: http://bit.ly/1WfH1P6 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.	Advice of water authority.
5.1.15	Sufficient means of mechanical and chemical restraint must be provided for the range of species treated.	Suitable drugs and equipment for anaesthesia or sedation must be available. As well as radiographic aids e.g. foot blocks, plate holders, rope halters and head stand.	

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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.	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. Personal dose monitoring arrangements should include locum vets, nurses and horse owners.	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.	The record must provide a permanent record of all X-ray exposures and identify the persons involved. Digital systems should also have a recording of exposures – not just to ensure the settings work but to record the personnel involved. If digital systems have a section for reporting the quality of images, this can be recorded there. Suitable back-up must be provided for any electronic records. An exposures guide should also be available. A chart or specific list of commonly used exposures is more accessible than an X-ray logbook and helps to reduce the number of incorrect exposures. If manual restraint is used, this should be highlighted on the record. Team members may be asked to retrieve an example exposure. Team members should be proficient in recognising film faults.	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 5: Diagnostic Imaging

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
5.2.1	Original diagnostic images should be retained for an appropriate period.	Images may be hard copy or in digital format. Digital images should be stored in DIACOM format so that they can be readily retrieved for examination or sending to another practice. Before disposal of images, consideration should be given to their potential future value. Ideally these should be retained for at least the life of the patient. Consult your indemnity insurer for advice on retention period.	
5.2.2	Diagnostic images must have a means of patient identification.	The animal must be clearly identified on the radiograph and images stored in the appropriate format to avoid ambiguity and counterfeit. Labels or digital tags are acceptable. The date and L/R marker should also be included.	

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5.2.3	Ultrasonographic equipment capable of acquiring good quality images suitable for the work undertaken by the practice must be available.	For imaging of the flexor tendons of the distal limbs, superficial structures for lameness workup and/or per rectum images of the ovaries and uterus in reproductive work.	
5.2.4	Equine practices must have equipment to X-ray distal limbs.	The equipment and a competent radiographer must be readily available at the practice at all times; it cannot be available intermittently through, for example, an external provider.	
5.2.5	The practice must be visited by a radiation protection adviser (RPA) at least every 4 years who possesses appropriate knowledge and experience relevant to veterinary practice.	The assessor will expect to see evidence that an RPA (or representative) has visited and inspected the site. All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA.	
5.2.6	There is an SOP for radiography.		
5.2.7	Endoscopes must be available to allow diagnostic investigation of upper and lower airways, and stomach.		

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Module 5: Diagnostic Imaging

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
5.3.1	The practice must be able to obtain diagnostic radiographs, in adult horses, of the head, the cervical and thoracic spine, the chest, the fore and hind limbs including shoulder ~~, pelvis~~ and stifle.		
5.3.2	If CT scans are performed by the practice, they are taken in a competent and safe manner.	Design should be safe for the horse and operators. - There must be a protocol for performing standing CT including: • IV catheter access • Sedation • Action in the event of an emergency (e.g. ability to anaesthetise the horse and safely remove it from the scanner) - Compliance with recommendations of RPA - Record of all CT examinations, including patient name, date, region scanned, exposure factors and personnel involved - Image interpretation is carried out by a suitably trained person	
5.3.3	Telemetric ECG equipment producing a recordable trace suitable for taking measurements is provided.		

5.3.4	ECG recordings are suitably filed and recorded.	Evidence must be provided of training and CPD for team members in the use of the equipment. Reference material must be available	
5.3.5	If MRI is performed on site it must be in a competent and safe manner.	- There must be a protocol for performing standing MRI including: • IV catheter access • Sedation • Action in the event of an emergency (e.g. ability to anaesthetise the horse and safely remove it from the scanner) - Record of all MRI examinations, including patient name, date, region scanned and personnel involved - Image interpretation is carried out by a suitably trained person	Protocol for MRI.
5.3.6	If nuclear scintigraphy is performed on site it must be in a competent and safe manner.	- There is a protocol for performing standing nuclear scintigraphy including: • IV catheter access • Sedation • Action in the event of an emergency (e.g. ability to anaesthetise the horse and safely remove it from the scanner) - Record of all nuclear scintigraphy examinations, including patient name, date, region scanned, exposure factors and personnel involved - Records of radiopharmaceutical supply, dosage, use, disposal, training, spillage, monitoring radiation in room and stable - Protocols and guidelines for owners - Servicing of gamma camera - Compliance with Environment Agency rules and recommendations of RPA - Image interpretation is carried out by a suitably trained person	Protocol for nuclear scintigraphy.

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		- A suitable Radioactive Waste Adviser (RWA) must be appointed. It is usual for the RWA/RPA to be the same individual or from the same group.	
~~5.3.7~~	~~Endoscopes must be available to allow diagnostic investigation of upper and lower airways, and stomach.~~		
5.3.8	The practice has a protocol for the cleaning/disinfection of endoscopes between patients, both for field endoscopy and in clinic.		
5.3.9	A pair of endoscopic biopsy forceps must be available, which are compatible with the equipment available.		
5.3.10	Diagnostic ultrasound equipment suitable for musculoskeletal, thoracic, cardiac and abdominal imaging is available. This would be expected to include ~~Diagnostic ultrasound will require~~ sector and		

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	linear transducers with a frequency range of at least 2.5 to 10 MHz. A recording system for recording system must be available.		
5.3.11	Equipment for the measurement of intraocular pressure must be available.		
5.3.12	Screen film combinations or digital systems to minimise radiographic exposure while providing the necessary level of detail must be used.	Screens must be kept clean.	
5.3.13	The hospital must be able to perform a range of contrast examinations and a suitable range of contrast material must be available.	Evidence of these must be provided.	
5.3.14	The sole use of self-adhesive labels for the identification of radiographs is not acceptable. Radiographs should be permanently identified at the time of the exposure.		
5.3.15	Video endoscopes must be available to allow diagnostic investigation of upper and lower airways, including guttural pouches, and there should be the ability to record images.		
5.3.16	The practice must have the ability to record ultrasound images.		

Module 5: Diagnostic Imaging

Award Points

This module contributes towards the Award in Diagnostic Service; you will also need to have completed all of the relevant points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
5.5.1	General diagnostic imaging CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of imaging CPD.	10
5.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) in veterinary diagnostic imaging and there is evidence of dissemination to the rest of the team.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

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5.5.3	At least one MRCVS has a post-graduate qualification related to veterinary diagnostic imaging and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in diagnostic imaging.	This includes AP status or an old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification.	30
5.5.4	Evidence is provided of training or CPD for team members in use and routine maintenance of all imaging equipment available within the practice.		Reference material must be available and team members will be interviewed by assessors.	Training records.	10
5.5.5	Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners in DICOM format.		This could be via email, CDs or memory sticks etc. Images should be in D~~ICOM~~ ICOM format. If the diagnostic images contain personal data of the client, it is strongly advised that they are kept secured and password-protected when sending electronically.~~format or other easily accessed formats.~~		10
5.5.6	Diagnostic images are easily searchable by patient name and date.				20

5.5.7	Patient records/images are available in field.		Either online/electronic or film format.		20
5.5.8	A range of images are available for reference.		Images of normal patients and those with common conditions.		20
5.5.9	CPD reference material is available.		This could be text books, electronic resources, bone/skeletal specimens.		10
5.5.10	Facilities are available for gastroscopy and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	10
5.5.11	Facilities are available for upper and lower airway endoscopy including guttural pouches and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	10
5.5.12	Facilities are available for dynamic upper airway endoscopy and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20
5.5.13	Facilities are available for ECG and there is a protocol for and evidence showing that it is used in practice.			Case notes and ECG traces.	10

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5.5.14	Facilities are available for telemetric ECG 24 hour recording and there is a protocol for and evidence showing that it is used in practice.			Case notes and ECG traces.	2~~1~~0
5.5.15	Facilities are available for diagnostic ultrasound – orthopaedic and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	10
5.5.16	Facilities are available for diagnostic ultrasound – abdominal and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	10
5.5.17	Facilities are available for diagnostic ultrasound – reproductive and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	10
5.5.18	Facilities are available for diagnostic ultrasound – echocardiography (with colour flow Doppler) and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20

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5.5.19	Facilities are available for slit lamp studies and there is a protocol for and evidence showing that it is used in practice.			Case notes	10
5.5.20	Facilities are available for tonometry and there is a protocol for and evidence showing that it is used in practice.			Case notes with tonometry results.	20
5.5.21	Digital images are stored in such a way as to allow easy retrieval and image optimisation.		Currently use of the DICOM format is best practice.		20
5.5.22	MRI is performed on site.		There must be a protocol for performing standing MRI including: - IV catheter access - Sedation - Action in the event of an emergency (e.g. ability to anaesthetise the horse and safely remove it from the scanner) Record of all MRI examinations including: - Patient name - Date - Region scanned and personnel involved Image interpretation is carried out by a suitably trained person.	Protocol for MRI.	20

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5.5.23	Nuclear scintigraphy is performed on site.		- There is a protocol for performing standing nuclear scintigraphy including: • IV catheter access • Sedation • Action in the event of an emergency (e.g. ability to anaesthetise the horse and safely remove it from the scanner). - Record of all nuclear scintigraphy examinations, including: • Patient name • Date • Region scanned • Exposure factors and personnel involved • Records of radiopharmaceutical: • Supply • Dosage • Use • Disposal • Training • Spillage • Monitoring radiation in room and stable - Protocols and guidelines for owners. - Servicing of gamma camera - Compliance with Environment Agency rules and recommendations of RPA Image interpretation is carried out by a suitably trained person.	Protocol for nuclear scintigraphy.	20

5.5.24	CT is performed on site.		- There is a protocol for performing CT including: • IV catheter access • Sedation protocol • Action in the event of an emergency (e.g. ability to anaesthetise the horse and safely remove it from the scanner) - Record of all CT examinations, including: • Patient name • Date • Region scanned • Exposure factors • Personnel involved - Protocols and guidelines for owners. - Servicing of CT scanner - Compliance with recommendations of RPA Image interpretation is carried out by a suitably trained person.	Protocol for CT.	20

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5.5.25	Documented audit of image quality, either in-house or external.	Commitment to quality assurance and improvement.	Assessment of image quality and diagnostic value, performed for the most commonly used modality in practice.	Results of image quality audit.	20
5.5.26	Video endoscopes are available and used by the practice.				20
5.5.27	The practice has access to advanced imaging facilities, such as MRI or CT scan, at the premises on a permanent basis.		These points will be gained in addition to 5.5.23.		20
5.5.28	The practice has the ability to record ultrasound images.				10
5.5.29	The practice has the ability to record endoscopy.				10
5.5.30	Facilities are available for endoscopic examination of the lower urinary tract (urethra and urinary bladder) and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	10

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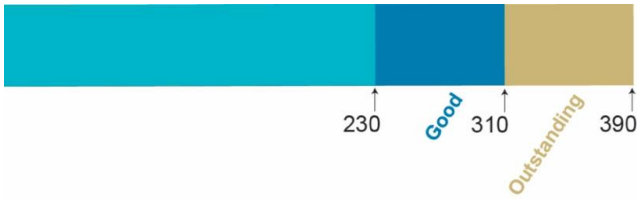
5.5.31	Facilities are available for hysteroscopy (endoscopic examination of the uterus) and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20
5.5.32	Facilities are available for telemetric ECG recording during exercise and there is a protocol for and evidence showing that it is used in practice.			Case notes and ECG traces.	20
			TOTAL POINTS AVAILABLE:		~~390~~510
			OUTSTANDING:		~~310~~410
			GOOD:		~~230~~310



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Module 6: Infection Control and Biosecurity

Core Standards

Point	Requirements	Guidance notes	Documents
6.1.1	The practice must have a biosecurity policy.	The practice biosecurity policy should include requirements for personal hygiene, cleanliness of premises and equipment, cleanliness and disinfection of personal protective equipment and clothing, and cleanliness of vehicles. There should be a protocol for disinfection between patients. A 'barrier' should be created between clinical and non-clinical areas. Veterinary surgeons returning from calls should consider the cleanliness of their clothing.	Biosecurity policy.
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. ~~For autoclaves and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.~~	A Written Scheme of Examination must be titled as such, and must specify how and when the autoclave(s) must be inspected. Practices must also have a Certificate of Inspection under the regulations. It will be titled Certificate of Inspection under the Pressure Systems Safety Regulations (2000). Only pressure vessels over 250 bar litres are covered by the Pressure Systems Safety Regulations (2000). All autoclaves would come into this category and each would require both a Written Scheme of Examination and Certificate of Inspection. Dental machines are unlikely to work at such high pressure and so are usually exempt from the provisions. See HSE guidance on pressure systems for further information: http://bit.ly/1KwZekX 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. A Written Scheme may be obtainable from the manufacturers.	Written Scheme of Examination for autoclave.

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6.1.4	Each clinical area must have facilities for safe disposal of sharps, hazardous and non-hazardous waste.	This includes consulting rooms, prep rooms and practice vehicles. Team members should be trained in safe disposal. Needles should not be recapped after use and before disposal but should be placed directly into the sharps container. See the BVA Good Practice Guide to Handling Waste for further information: http://bit.ly/1WfH1P6	

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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.	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. Team members must be trained to implement the SOP, which must include: - Details of waste disposal - Protective clothing to be worn - Disinfection of all utensils/equipment and accommodation - Designated persons to be responsible - Reference to COSHH - Health and Safety information pertaining to the risks of dangerous pathogens and zoonoses - Clear information regarding the demarcation of the isolation area	SOP for isolation. 
6.1.6	Procedures must be in place to minimise cross-infection in ~~clinical~~ all areas. Cleaning and disinfection materials must be readily available and used in all areas of the practice.	Risk based disinfection of all clinical areas must be done between patients. This can include floor, equipment and hand touch areas such as doors, door handles and keyboards. Risk based deep cleans should be carried out as required.	Cleaning and disinfection schedules for ~~clinical~~ all areas.

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.	The expectation is that each area will have its own hand washing facilities. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.	
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.	There should be an SOP for the cleaning of vehicles. A log book should be used to record when cleaning has been carried out. 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.	
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.		

Module 6: Infection Control and Biosecurity

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
6.2.1	Written cleaning protocols for all vehicles and ~~clinical~~ all areas of the practice are required and must be regularly audited and recorded.	The frequency of cleaning will vary according to the ~~clinical~~ area and caseload. There should be different sets of cleaning materials and colour coded mops for each area.	Cleaning protocols.
6.2.2	There must be facilities for adequate hygienic safe storage and disposal of bedding.		
6.2.3	Clean and appropriate clothing is worn for the clinical task being undertaken.		
6.2.4	The practice should have a policy on the appropriate scheduling of examinations when dealing with known or potential contagious diseases.		

Module 6: Infection Control and Biosecurity

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
6.3.1	The practice must provide separate accommodation for the isolation of infectious and zoonotic cases, or animals receiving chemotherapy and have a written policy for dealing with such cases that is known to all team members.	The isolation box should be separate from the general use boxes, and must not be a stable within an American barn set up where the air space is shared. It could possibly be on the end of a row of externally opening stables but it should open in the opposite direction to the others. It must not share air space with the other boxes (i.e. walls must extend to the ceiling all round), must not drain into a common area and must be accessible for all purposes (treatment, feeding, mucking out etc.) without crossing the general stable or treatment area. There should be separate PPE, tack and mucking out equipment and access to the box must be restricted to limited personnel who must	

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		wear protective clothing. There should ideally be separate hand washing and disinfecting facilities.	
6.3.2	A vacuum autoclave is compulsory.	See Core Standards requirements for health and safety facilities.	
6.3.3	Environmental swabbing of all clinical areas is carried out at least twice per year.		
6.3.4	There must be a written protocol for risk based deep cleaning of all clinical areas.		
6.3.5	Ethyline oxide sterilisation must be available and used.		

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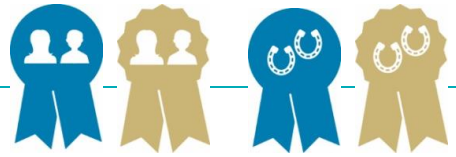
Module 6: Infection Control and Biosecurity



Award Points

This module contributes towards the Awards in Team and Professional Responsibility and Ambulatory Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

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Point	Requirements	Behaviours	Guidance notes	Documents	Points
6.5.1	Infection control CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of infection control CPD.	10

6.5.2	The practice has a designated individual responsible for infection control who monitors compliance with infection control policies.	The practice has adequate internal quality controls.	Ideally this would be a veterinary surgeon or RVN.	Name of designated person and list of their responsibilities.	30
6.5.3	Hand washing/sanitising facilities are available for clients.		There should be appropriate notices / signage requesting that clients use these facilities.		10
6.5.4	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that cleaning and disinfection of hand touch areas, including computer keyboards, mice, light switches, door handles etc. is taking place.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols.	10
6.5.5	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows laundry of clothing and drapes is taking place.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols.	10

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6.5.6	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that management of bedding is taking place.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols.	10
6.5.7	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that the use of disinfectants is taking place.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols.	10
6.5.8	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows the cleansing and disinfection of tack, rugs, brushes, and travel boots etc. is taking place.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols.	10
6.5.9	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that these are in use during preparation for surgery.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols.	10

~~6.5.10~~	~~Clean and appropriate clothing is worn for the clinical task being undertaken.~~				~~20~~
6.5.11	The practice has protocols in place for the identification and management of cases of infection involving multi-resistant bacteria.			Protocols for multi-resistant bacteria.	30
6.5.12	The practice has procedures in place to educate the team and clients about the responsible use of antimicrobials, antimicrobial resistance and zoonoses, and the implications for animal and human health.		For further information please see BEVA's guidance on AMR: http://bit.ly/2fiPNys, the BVA's guidance on AMR: http://bit.ly/1INIe6Z.		20
6.5.13	The practice has a system in place to alert team members to outbreaks of infectious diseases e.g. influenza, EHV1 and neurological disease.	Proactively anticipates and addresses risks.			20
6.5.14	The practice has procedures in place to educate the team regarding the risks and signs of 'exotic' diseases.	Proactively anticipates and addresses risks.	All team members can demonstrate access to the AHT Quarterly Report or similar disease surveillance reports.		20
6.5.15	The practice has a system in place to disseminate award points 13 and 14 to clients.		For example newsletters, emails and text messages.		20

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Annex E – Equine edits (with tracked changes)

6.5.16	All areas of the practice including clinical, non-clinical, residential and storage areas are maintained and cleaned to the same high standard.	Ensures the presentation of the practice is of a uniformly high standard.			30
6.5.17	There is a vermin control policy in place.				10
6.5.18	Infection control measures in the practice are subjected to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	This could be outcome, process or significant event audits. The Bella Moss Foundation self-audit tool may be useful: http://bit.ly/1L8n6vd	Audit report.	20
6.5.19	The practice participates in a surveillance scheme for infectious diseases.		For example VetCompass.		20
6.5.20	The practice has a protocol in place for hand hygiene, which includes the use of World Health Organization (WHO) posters and signage at hand washing points.		Tools and resources can be downloaded from the WHO website: https://www.who.int/gpsc/5may/tools/en/		20

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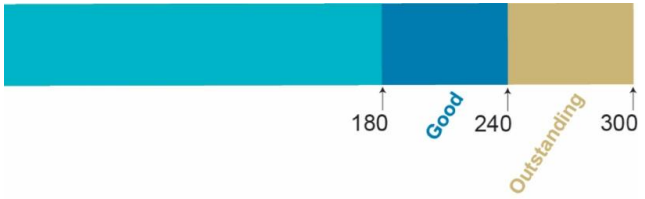
6.5.21	The practice has a dedicated isolation facility.		The isolation box should be separate from the general use boxes, and must not be a stable within an American barn set up where the air space is shared. It could possibly be on the end of a row of externally opening stables but it should open in the opposite direction to the others. It must not share air space with the other boxes (i.e. walls must extend to the ceiling all round), must not drain into a common area and must be accessible for all purposes (treatment, feeding, mucking out etc.) without crossing the general stable or treatment area. There should be separate PPE, tack and mucking out equipment and access to the box must be restricted to limited personnel who must wear protective clothing. There should ideally be separate hand washing and disinfecting facilities.		30

Annex E – Equine edits (with tracked changes)

			TOTAL POINTS AVAILABLE:		~~300~~350
			OUTSTANDING:		~~240~~280
			GOOD:		~~180~~210



Module 7: In-patients

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

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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.	~~The practice must demonstrate that provisions are made to ensure animal welfare where there are animals on site but no team members present.~~	
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.		

Module 7: In-patients

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

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General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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Point	Requirements	Guidance notes	Documents
7.2.1	There must be a positive means of identifying the patient while on the premises.	This may involve tagging the patient and/or well-identified accommodation. Assessors will want to see evidence of how this is maintained as the patient moves around the practice premises. Equipment or possessions left with the animal must also be identified.	
7.2.2	A darkened examination area must be available.		
7.2.3	There must be appropriate facilities in which detailed examinations of horses, as well as diagnostic procedures such as diagnostic analgesia, radiography, ultrasonography and endoscopy can be performed.	This does not need to be on the practice premises so long as it is available.	

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7.2.4	An area suitable for trotting and lunging horses must also be available.	The area for trotting and lunging need not be on the practice premises so long as it is available. These areas must be secure and escape proof and where these areas are not on the practice premises a risk assessment is carried out to ensure that the loading/unloading and movement of horses to the areas are safe and secure.	
7.2.5	An appropriate area out of sight of the general public must be available for the safe euthanasia of horses.		
7.2.6	All hospitalised animals (other than minor procedures admitted as day cases) must have in-patient sheets recording basic husbandry parameters, with timed and initialled entries, including; - Temperature - Pulse - Respiration - Treatments - Food and water intake - Urine and faeces output - Clinical signs		In-patient sheets.
7.2.7	The practice must provide a range of intravenous fluids, catheters, administration sets and means of administering ~~suitable administration sets and catheters~~ for horses.		
7.2.8	Feeding and mucking-out equipment must be cleaned and maintained to an appropriate standard.		
7.2.9	The practice must provide facilities and an adequate team for the care of any in-patients.		

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7.2.10	The practice must communicate with clients the level of overnight care to be provided to in-patients.		
7.2.11	All clinical team members must be provided with written guidelines 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.	If the practice can demonstrate that new clinical team members have access at all hours to a senior clinician to discuss cases, written guidelines would not be required although still advisable. The assessor would wish to confirm this arrangement with relevant clinicians.	Induction/ training records.
7.2.12	There are dedicated loose boxes, suitable to the expected caseload, available for the daytime and overnight accommodation of patients.		

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Module 7: In-patients

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
7.3.1	There must be a minimum of 6 stables.	Stables must be made of non–permeable and durable material to allow easy cleaning.	
7.3.2	There must be a stable of suitable size to accommodate a mare and foal.		
7.3.3	Ready access to an exercise yard or paddock of suitable size must be provided with safe and well-maintained fencing.		
7.3.4	Facilities must be provided for the routine washing, grooming and handling of patients.		
7.3.5	The practice should have appropriate equipment to accurately deliver intravenous fluids at the appropriate rate.		
7.3.6	There must be access to appropriate imaging at all times.		
7.3.7	There must be access to laboratory facilities at all times.		

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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 ~~residential accommodation or other~~ arrangements so that a veterinary surgeon, veterinary nurse or an adequately trained ~~lay~~ 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.	

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7.3.15	A dedicated firm area for lunging horses is required.	This area should be safe for horses to use, away from traffic, and not slippery. The surface should be level e.g. concrete, tarmac or compressed road planings/hardcore/chalk etc. This cannot be a public area.	
7.3.16	An all-weather exercise area is available on site.	This should be large enough ~~for ridden exercise, 20m x 30m would be acceptable and it should be fenced.~~to canter an average sized horse. As a guideline, this would be 20m x 30m. The area should be fenced. It should be made from ~~A~~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). The arena should be regularly maintained so that the surface remains uniform.	
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.		

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Module 7: In-patients

Award Points

This module contributes towards the Award in In-patient Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

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Point	Requirements	Behaviours	Guidance notes	Documents	Points
7.5.1	A one year CPD plan must be provided for all team members involved in providing emergency and critical care.			CPD plan.	10
7.5.2	There are facilities for the routine washing, grooming and handling of patients.				10
7.5.3	Nutritional assessments are carried out for all in-patients, and feeding plans implemented and recorded and regularly re-assessed.		This could be incorporated into the records. Normal feeding regime/diet for admitted horses is recorded from the owner.		20

7.5.4	Provision is made for clients to visit in-patients as appropriate to the condition of the animal.		This may need to be restricted to allow for practice working or health and safety, and should take into account the safety of the client and the animal and minimise the risk of disease transmission.		10
7.5.5	A veterinary surgeon or veterinary student under supervision should examine all in-patients at least twice daily and update records accordingly.	Consistent care is provided to patients.	Patient records.		20
7.5.6	The veterinary surgeons and/or veterinary nurses in charge of a case should undertake suitable handover.	Sharing of essential information between parties involved in patient care.	Personnel in charge of an animal should be recorded on the patient record.		20
7.5.7	All patients should have a structured discharge procedure with a member of the team appropriately qualified to discuss the case with the client.		In most cases this should be supported with written discharge instructions.	Admission and discharge protocol. 	10
7.5.8	There is a stable of suitable size to accommodate a mare and foal.				10
7.5.9	There are a range of rugs and other equine care equipment available.		These should be cleaned and disinfected in between patients.		20

7.5.10	Ability to provide intensive care appropriate to the caseload.		For example to enable successful referral of critical cases including complications of routine surgeries. These must include intravenous fluid therapy, blood transfusion, oxygen therapy and maintenance of body temperature.		30

~~7.5.11~~	~~The practice has a dedicated isolation facility.~~		~~The isolation box should be separate from the general use boxes, and must not be a stable within an American barn set up where the air space is shared.~~ ~~It could possibly be on the end of a row of externally opening stables but it should open in the opposite direction to the others.~~ ~~It must not share air space with the other boxes (i.e. walls must extend to the ceiling all round), must not drain into a common area and must be accessible for all purposes (treatment, feeding, mucking out etc.) without crossing the general stable or treatment area. There should be separate PPE, tack and mucking out equipment and access to the box must be restricted to limited personnel who must wear protective clothing.~~ ~~There should ideally be separate hand washing and disinfecting facilities.~~		~~30~~
7.5.12	The clinical team has access to on-site laboratory facilities at all times.		Appropriate to practice caseload.		20

7.5.13	The practice has the ability to measure acid base balance.				10
7.5.14	The practice has the ability to measure venous/arterial blood gasses.				10
7.5.15	The practice has the ability to measure blood pressure.				10
7.5.16	The practice has the ability to measure electrolytes.				10
7.5.17	The practice has the ability to measure lactate.				10
7.5.18	The practice has the ability to measure coagulation parameters.				10
7.5.19	The practice has the ability to measure intra-ocular pressure.				10
7.5.20	The practice has the ability to perform assisted feeding including indwelling NG tubes.				10
7.5.21	The practice has the ability to perform CSF sampling.				10

7.5.22	The practice has the ability to perform central venous catheterisation.				10
7.5.23	The practice has the ability to perform CRIs.				10
7.5.24	The practice has the ability to perform intra-osseous access.				10
7.5.25	The practice has the ability to perform epidural catheterisation.				10
7.5.26	The practice has the ability to perform thoracocentesis.				10
7.5.27	The practice has the ability to perform chest drain placement.				10
7.5.28	The practice has the ability to perform tracheotomy/tracheostomy.				10
7.5.29	The practice has a protocol in place for accessing advice from a service providing veterinary specific advice on the management of poisons.			Protocol for accessing poisons advice. 	30
7.5.30	Team members have been trained in the use of FAST scans for acute abdominal pain.			Training records for FAST scans.	20

7.5.31	Individuals have access to a range of suitable resources including the internet in relation to emergency and critical care.		This could be from journal or internet resources.		30
7.5.32	Team members should have access to appropriately trained and experienced colleagues 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 OOH).	Rotas.	40
7.5.33	Provision to monitor cases at all times based upon clinical requirements.		This can be remote.		10
7.5.34	Facility to separate mare and foal.		For example a split stable intensive care system.		10
7.5.35	There is a protocol in place defining intravenous catheter maintenance.		This should include instructions on aseptic placement, daily maintenance and replacement schedule.	Catheter maintenance protocol.	20
7.5.36	The practice has appropriate equipment to accurately deliver fluids at the appropriate rate.		This may include infusion pumps and/or syringe drivers appropriate to the caseload.		30
7.5.37	The practice can demonstrate a plan for delivery of intravenous fluids which is reviewed at regular intervals.		This will include type of fluid, rate of delivery and volume of delivery.		40

7.5.38	~~When animals are hospitalised~~On every occasion that an animal is hospitalised overnight there is a clear protocol for regular appropriate checks, and evidence that these are carried out.		Assessors will ask to review patient records. Monitoring cannot be remote.	Protocol for overnight checks.	20
7.5.39	~~When animals are kept overnight there is a member of team members~~On every occasion that an animal is kept overnight there is a person responsible for the care of the animals on the premises at all times.		~~Team members~~The responsible person(s) may take rest periods as long as they remain on the premises.	Rotas.	20
7.5.40	On every occasion that an animal is hospitalised overnight, the person ~~The member of the team~~ on the premises and responsible for the overnight care of the animals is a veterinary surgeon or RVN.		~~An SVN employed by the practice who is enrolled with the RCVS, is actively undergoing training and has successfully completed their first academic year is also acceptable.~~ ~~By 2020, only a veterinary surgeon or RVN will be acceptable.~~ ~~Team members~~The responsible person(s) may take rest periods as long as they remain on the premises.	Rotas.	40

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7.5.41	~~When animals are kept overnight~~On every occasion that an animal is kept overnight there is a ~~team member~~person awake at all times who will call the RVN/veterinary surgeon as needed.			Rotas.	30
7.5.42	~~When animals are~~On every occasion that an animal is ~~kept~~ hospitalised overnight there is a dedicated veterinary surgeon or RVN responsible for the care of the animals on the premises and awake at all times when there is a patient under their care.		~~An SVN employed by the practice who is enrolled with the RCVS, is actively undergoing training and has successfully completed their first academic year is also acceptable.~~ ~~By 2020, only a veterinary surgeon or RVN will be acceptable.~~ ~~Team members~~The responsible person(s) may take rest periods as long as they remain on the premises.	Rotas.	30
7.5.43	There is provision to provide blood transfusion.		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.	Protocol and training records for blood transfusion.	20

7.5.44	There is provision to provide plasma transfusion.		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.	Protocol and training records for plasma transfusion.	30
7.5.45	If blood/plasma products are prepared on site, there is a protocol for care and screening of donor horses, and records of blood collections are maintained.			Protocol and training records for blood and plasma transfusion.	30
7.5.46	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. 	10
7.5.47	The practice has a system in place for monitoring and discussing the clinical outcomes of emergency and critical care cases and acting upon the results.	Open, honest analysis with clear actions and no barriers to feedback.	It is expected that outcomes will be actively followed up with referring practices/clients.		40

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7.5.48	On every occasion that an animal is hospitalised overnight there is remote monitoring which is regularly checked and documented as clinical needs dictate, with the provision to attend when necessary.				10
7.5.49	Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay.				10
			TOTAL POINTS AVAILABLE:		~~870~~860
			OUTSTANDING:		~~700~~690
			GOOD:		~~520~~520

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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.	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. For further information please refer to: http://bit.ly/2rXiaHs	
8.1.2	The practice identifies specimens with: - Patient ID - Date of collection - Tests required - Method of collection if applicable		

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	- Location of sample - Nature of sample		
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	Adequate post-mortem facilities must be available or other arrangements made. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcases ~~or diagnostic quality examination to be performed~~. There must be an SOP for external post-mortem examinations so that all staff know where to send specimens.	When conducting post-mortem examinations full consideration must be given to the health and safety issues. Adequate risk assessment and protocols need to be undertaken and consideration must be given to the provision of suitable protective clothing to guard against zoonoses and spread of infection. Adequate health and safety procedures must be in place if post-mortem examinations are conducted on site.	Risk assessment for post-mortems.
8.1.9	When making arrangements for a post-mortem examination the practice must ensure that clients are made aware of the level of procedure being undertaken.	The practice must ensure that clients are 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.	
8.1.10	The practice has a system in place to ensure suspected notifiable diseases are reported to the appropriate authority.		Protocol for reporting of notifiable diseases.

8.1.11	Where a potential zoonotic agent is suspected, protocols for control of spread are followed.	Adequate risk assessment and protocols need to be undertaken and consideration must be given to the use of active filtered air extraction and the provision of suitable additional adequate protective clothing, e.g. use of glove boxes or similar, to guard against zoonoses. Team members, clients and statutory authorities are informed.	Risk assessment for zoonoses. 
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~~similar tracking mechanism~~ for samples sent to outside laboratories to ensure results are received and reviewed by a veterinary surgeon, conveyed to the client and archived.	The log should include: - Patient ID - Date of sample collection - ID of outside laboratory - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival of results can be flagged and followed up as appropriate.	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.	Evidence must be provided of training or CPD for team members in use of all equipment. A list of persons trained in handling laboratory specimens and in the risk of laboratory work must be kept. The practice must have a system in place to know where to send the samples for suitable testing.	List of persons trained in lab work.  Training records.
8.1.16	The laboratory has: - Adequate space for performance of tests - Adequate space for storage of reagents - Surfaces which permit efficient handling of specimens - Adequate space for equipment - Countertops and sinks of suitable construction - Adequate heating and lighting - Adequate electrical circuits and outlets - Adequate facilities for hand washing	The designated area does not have to be a separate room and may, for example, be part of the dispensary or the preparation area. However, the designated area/bench must be clearly used only for laboratory purposes and must be made of impervious material. There must be a sink in the laboratory area or a sink accessible to team members without touching door handles. There must be an SOP in place for accessing hand washing facilities in an adjacent room if none is available in the laboratory.	

8.1.17	The in-house laboratory has a log or ~~similar tracking mechanism~~system for tracking to ensure results are received and reviewed by a veterinary surgeon, ~~and~~ conveyed to the client and archived.	The log should include: - Patient ID - Date of sample collection - Time of sample collection - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival of results can be flagged and followed up as appropriate.	Log.
8.1.18	Equipment is used and maintained according to manufacturers' instructions and this is recorded.		Equipment maintenance records. 
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.

Module 8: Laboratory and Clinical Pathology

General Practice

This section does not apply to General Practice - Ambulatory practice premises unless they have laboratory facilities.
To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
8.2.1	~~The practice has laboratory capability either in the field or on the practice premises.~~ Instrumentation for tests performed on the premises include: - Method of measuring PCV - Binocular microscope (with a range of objective lenses and light source) - Centrifuge - Refractometer - Cytology stains, including gram - Method to measure TP	Evidence will be required that some of the following tests are being performed, appropriate to the caseload: - Cytology (e.g. urine, skin scrape, endometrial, semen) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) - PCV - Dip stick tests - Snap tests - Serum IgG estimation	
8.2.2	In addition to internal quality control of automated laboratory tests, external quality assurance by internal analysis of external samples, via a QA scheme or by comparing internal samples to external labs, must be routinely undertaken and the results documented and acted on where necessary.	EQA is the analysis of samples by reference to an external laboratory performed either by internal analysis of control reagent received from the laboratory through a QA scheme or by comparing samples run internally with the same paired sample run externally. This should also be undertaken for tests carried out using Point of Care (POC) devices.	Results of external EQA scheme or results of comparison of paired samples.

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		The frequency of testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.	
8.2.3	If bacteriology is undertaken on site adequately trained technicians must be available. If bacteriology is not undertaken on site, there should be evidence that samples are being regularly sent to an appropriate external laboratory.	Evidence of appropriate training for accurate interpretation and quality control of bacterial cultures is required.	

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Module 8: Laboratory and Clinical Pathology

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

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Point	Requirements	Guidance notes	Documents
8.3.1	The hospital must have a biochemistry analyser onsite.	24 hour availability.	
8.3.2	The hospital must have an electrolyte analyser onsite.	24 hour availability.	
8.3.3	The hospital must have haematology analyser onsite.	24 hour availability.	
8.3.4	The hospital must have facilities for parasitology.		
8.3.5	There must be a nominated person in overall charge of the laboratory facilities.	In the absence of the nominated person there should be a backup system.	Name of nominated person and list of their responsibilities.

8.3.6	Facilities must be available for bone marrow aspiration.		
8.3.7	In addition to internal quality control of automated laboratory tests, external quality assurance, by internal analysis of external samples via a QA scheme, must be routinely undertaken and the results documented and acted on where necessary.	EQA is the analysis of samples by reference to an external laboratory performed by internal analysis of control reagent received from the laboratory through a QA. This should also be undertaken for tests carried out using Point of Care (POC) devices. The frequency of testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.	Results of external EQA scheme.
8.3.8	There must be the facilities to perform bacteriology on site.		

Module 8: Laboratory and Clinical Pathology

Award Points

This module contributes towards the Award in Diagnostic Services; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
8.5.1	Veterinary clinical pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of pathology CPD.	10
~~8.5.2~~	~~At least one MRCVS has completed a module of the CertAVP (or equivalent) in veterinary pathology and there is evidence of dissemination to the rest of the team.~~		~~Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.~~	~~Proof of module.~~	~~20~~

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8.5.3	Practice team members' training in laboratory procedures is updated annually and documented.		This could be in-house training. Evidence provided through training records.	Training records.	20
8.5.4	There is a nominated person in overall charge of the laboratory facilities~~.~~ and they must have completed relevant training.			Name of designated person and list of their responsibilities. Evidence of relevant training.	30
8.5.5	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
8.5.6	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
8.5.7	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
8.5.8	The practice has a dedicated laboratory in-house which can perform IgG measurement.				10

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8.5.9	The practice has a dedicated laboratory in-house which can perform bacteriology.				10
8.5.10	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
8.5.11	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
8.5.12	The practice has a dedicated laboratory in-house which can perform endocrine tests.				10
8.5.13	The practice has a dedicated laboratory in-house which can perform serology.				10
8.5.14	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
8.5.15	Histopathology and cytology is performed by pathologists with relevant veterinary qualifications.		For example a pathologist with expertise in tissues/species being examined.	Proof of qualification.	10
8.5.16	Practice laboratory is ~~an HBLB code of practice~~ BEVA Registered Lab Scheme approved laboratory.				10

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8.5.17	The practice uses a~~n HBLB Code of Practice~~ BEVA Registered Lab Scheme approved laboratory for CEM samples.				10
8.5.18	Cytology (e.g. endometrial smears, synovial fluid, peritoneal fluid and BALs) is performed by team members specifically trained in this discipline.		This includes veterinary surgeons that have undertaken relevant CPD in the last four years.	Training/CPD records.	20
8.5.19	The practice monitors culture and sensitivity/MIC results to follow local patterns in bacterial resistance and to inform treatment regimes.	Treatment procedures are informed by results.	Assessors will look for evidence of changes to treatment regimes following a review of test data. See Infection Control Module.		30
8.5.20	The practice monitors faecal egg counts on site and performs faecal egg count reduction tests as appropriate to follow local patterns in anthelmintic resistance and to inform treatment regimes.				30
8.5.21	A biochemistry analyser is available on site and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	30

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8.5.22	An electrolyte analyser is available on site and used appropriately to inform clinical decision-making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	30
8.5.23	A haematology analyser is available on site and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	20
8.5.24	The practice must demonstrate that they look at blood smears and use them to inform clinical decisions.		This will include animals that have abnormal clinical presentation or abnormal analyzer results.	Protocol for examining smears.	30
8.5.25	[requirement deleted]	[requirement deleted]	[requirement deleted]	[requirement deleted]	
8.5.26	A blood gas analyser is available on site and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	20
8.5.27	Viral transport media and appropriate swabs are available.				10

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8.5.28	In the case of an unexpected patient death an independent post-mortem is offered.	An honest and open approach.	An independent post-mortem examination would be performed by a person not normally employed by the practice. In cases potentially involving litigation, a thorough post-mortem examination is required and will be sent to a recognised pathologist.		20
8.5.29	The practice carries out a regular laboratory sample technique audit. There is evidence that any unexpected or erroneous results have been re-tested.		This should include records of artefacts e.g. lipaemia, haemolysis etc. in order to identify potentially rectifiable problems.	Audit report.	10
8.5.30	The practice has an in-house laboratory that is in a designated room, which is not used for any other purpose.				30
8.5.31	The practice performs cytology of effusions and synovial fluids where appropriate.				10

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8.5.32	The practice has proof of validation for all automated laboratory equipment.		This would involve checking: - if there is any published (or unpublished if not) evidence that shows that the make of machine used by the practice provides accurate, reproducible results - whether there are circumstances where the make of machine might not produce accurate, reproducible results - how the make of machine compares to other machines - whether the practices own machine gives accurate, reproducible results Further guidance is available from BSAVA [insert link once available].		10
			TOTAL POINTS AVAILABLE:		~~400~~430
			OUTSTANDING:		~~320~~340

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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	Medicines must not be available for self-service except those with a category of AVM-GSL. POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public.	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.	
9.1.5	Accurate records of POM-V and POM-VPS medicines received and supplied must be kept.	See VMD guidance, Record keeping requirements for veterinary medicines: http://bit.ly/1PYL513 Records for POM-V or POM-VPS medicines must include: - The date - The name of the veterinary medicinal product - 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) - The quantity - The name and address of the supplier or recipient - If there is a written prescription, the name and address of the person who wrote the prescription and a copy of the prescription Records must be kept for 5 years. ~~Records of products administered to food-producing animals by a veterinary surgeon:~~ ~~A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information~~	Medicines records.

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		~~into the livestock keeper's record book or give written information to the livestock keeper to enter:~~ ~~– Name of the veterinary surgeon~~ ~~– Name of the product and the batch number~~ ~~– Date of administration of the product~~ ~~– Amount of product administered~~ ~~– Identification of the animals treated~~ ~~– Withdrawal period~~ ~~Records of products administered to food-producing animals under the Cascade:~~ ~~A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record:~~ ~~– Date of examination of the animal(s)~~ ~~– Name and address of the owner of the animal(s)~~ ~~– Identification and number of animals treated~~ ~~– Result of the veterinary surgeon's clinical assessment~~ ~~– Trade name of the product if there is one~~ ~~– Manufacturer's batch number shown on the product, if there is one~~ ~~– Name and quantity of the active substances~~ ~~– Doses administered or supplied~~ ~~– Duration of treatment~~ ~~– Withdrawal period~~	

		~~When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual animal's number.~~	
9.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).	There must be proper monitoring and recording of maximum and minimum temperatures 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. 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. 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.~~There must be proper monitoring and recording of maximum and minimum temperatures in the refrigerator and dispensary, and where temperatures have been recorded outwith the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected~~	

		~~medicines. Consideration should be given to the use of alarms to indicate when temperatures stray out of set parameters.~~ ~~Data loggers and maximum/minimum thermometers will provide constant monitoring. However, for those without an alarm to warn of temperature deviations, and for maximum/minimum thermometers, checks are required to be made daily and assessors will ask to see written records, produced on a weekly basis, showing the results for the week. If maximum and minimum temperature recordings are being taken wherever medicines are stored it is not necessary to take additional recordings of ambient temperatures.~~ ~~Ideally temperature sensitive medicines should only be taken out on vehicles on a "by use" basis, but whether being stored or transported, measures should be taken to ensure that products remain within the temperature range specified on their SPC e.g. by use of a cool box or refrigerated unit. The suitability of such measures should be demonstrated.~~	
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: A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information	Medicines records.

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		into the livestock keeper's record book or give written information to the livestock keeper to enter: - Name of the veterinary surgeon - Name of the product and the batch number - Date of administration of the product - Amount of product administered - Identification of the animals treated - Withdrawal period Records of products administered to food-producing animals under the Cascade: A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record: - Date of examination of the animal(s) - Name and address of the owner of the animal(s) - Identification and number of animals treated - Result of the veterinary surgeon's clinical assessment - Trade name of the product if there is one - Manufacturer's batch number shown on the product, if there is one - Name and quantity of the active substances - Doses administered or supplied - Duration of treatment - Withdrawal period When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual	

		animal's number.~~In the case of a product for a non-food-producing animal, this need only be recorded either on the date of receipt of the batch or the date a veterinary medicinal product from the batch is first supplied.~~	
9.1.9	An adequate supply of medicines and materials used in the treatment of patients must be readily available. There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation.	Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.	
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.	Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include: - Assessors appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no, personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded	

		- A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: http://bit.ly/1DNgZNd A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity. A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so. Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. 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: http://bit.ly/2CnxRhV	
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.	Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority.	

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		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. 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. Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol. Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be	

		locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: http://bit.ly/1KYuc7h	
9.1.13	If Controlled Drugs are kept, these must be recorded according to current legislation.	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). Schedule 2: Record all purchases and each individual supply (within 24 hours). Registers must be kept for two calendar years after the last entry. Schedule 3, 4 and 5: No requirement for recording in Register but invoices must be retained for 5 years. A Register should be kept for each Controlled Drug) and prescriptions against which supplies of Controlled Drugs of Schedule 2 and 3 have been made, to confirm in particular: - That appropriate records are kept - That any out-of-date Controlled Drugs have been destroyed by an authorised person For supplies of Controlled Drugs of Schedules 2 and 3, against other veterinary surgeon's prescriptions: - The prescriptions have been retained at least two years - The date on which the supply was made is marked on the retained prescriptions - The supply of Controlled Drugs was made within 28 days of the appropriate date on the prescription (also for supplies of Controlled Drugs of Schedule 4)	Controlled Drugs register.

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		- The name of the person who collected the Controlled Drugs is recorded in the Controlled Drugs Register (for Controlled Drugs of Schedule 2 only) An example of a Controlled Drugs Register which details the information that needs to be recorded can be found at: http://bit.ly/1HITobl	
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.	It is expected that running totals will be kept and checks against stock carried out at least weekly. It is considered good practice to have a written SOP setting out who is authorised to access the Controlled Drugs cabinet and for what purposes. The SOP may also cover ordering (requisition), receipt, supply and disposal of Controlled Drugs as well as the regular changing of codes if a keypad safe is used. The SOPs should include details of: - Who has access to Controlled Drugs - Who is responsible for checking stock against the Register - Who to alert in the event of a discrepancy	Controlled Drug SOPs.

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9.1.15	Medicines must be prescribed and supplied according to current legislation.	A veterinary surgeon who prescribes a POM-V medicine must first carry out a clinical assessment of the animal and the animal must be under his or her clinical care. See Chapter 4 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1MqalPl A veterinary surgeon who prescribes a POM-V or POM-VPS medicine must be satisfied that the person who will use the product will do so safely, and intends to use it for the purpose for which it is authorised. POM-V and POM-VPS medicines may be prescribed and supplied by a veterinary surgeon. Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon and the supply made by another veterinary surgeon (or a pharmacist) on the authority of that prescription. There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements. Medicated feeding stuffs containing POM-V medicines may only be prescribed by a veterinary surgeon. A veterinary surgeon or SQP may prescribe a feeding stuff containing a POM-VPS medicine. Additional approval as a Distributor is required to supply medicated feeding stuffs. For further information please refer to VMD guidance regarding manufacturing and supplying veterinary medicines for animal feed: http://bit.ly/1JW38Fn	

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		If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must: - Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet - Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)	
9.1.16	If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he or she must: - Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contra-indications on the label or package leaflet - Not prescribe more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)	Use of the BVA prescription form is recommended. Copies of written prescription forms must be available for the assessor to view.	
9.1.17	Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must: - Authorise each transaction individually before the medicine is supplied - Be satisfied that the person handing it over is competent to do so	A veterinary surgeon could meet the requirement to authorise each transaction by: - Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine - Making a note on a client's record that repeat prescriptions could be supplied to the client - A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied - In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply	

		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	If a veterinary surgeon or SQP supplies an NFA-VPS they must: - Be satisfied that the person who will use the medicine will do so safely, and intends to use it for the purpose for which it is authorised - Each time the medicine is supplied, advise on its safe administration and on any warnings or contra -indications on the label or package leaflet - Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3, paragraph 7 of the VMR)	In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS.	
~~9.1.19~~	~~In the case of supply of sheep dips, the customer/user must provide a certificate of competence in the safe use of sheep dips and must be provided with two pairs of gloves with every product prescribed and supplied, as well as a laminated notice.~~ ~~Sheep dip certificate numbers must be retained for at least three years.~~		
9.1.20	All containers and outer packs dispensed by the practice must be legibly and indelibly labelled with sufficient information.	Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such	

		medicines are labelled with the name and address of the practice supplying the medicine. POM-V: All POM-V medicines supplied by the practice must be labelled with the following information: - The name and address of the animal owner - The name and address of the veterinary practice supplying the medicine - The date of supply - The words "keep out of the reach of children" - The words "for animal treatment only" unless the package or container is too small for it to be practicable to do so - The words "for external use only" for topical preparations - The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: - Identification (including species) of the animal or group of animals - Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual And unless already specified on the manufacturer's packaging: - Any special precautions - The expiry date - Any necessary warnings for the user, target species, administration or disposal of the product - A specified withdrawal period	

9.1.21	Veterinary medicinal products must be supplied in appropriate containers.	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. 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.	
9.1.22	Practices must make clients aware that they can request a prescription.	Advise clients, by means of a large and prominently displayed sign or signs (in the waiting room or other appropriate area), with reference to the following: - "Prescriptions are available from this practice." - "You may obtain Prescription Only Medicines Veterinary, (POM-Vs) from your veterinary surgeon OR ask for a prescription and obtain these medicines from another veterinary surgeon or a pharmacy." - "Your veterinary surgeon may prescribe POM-Vs only for animals under their care." - "A prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary." - "You will be informed, on request, of the price of any medicine that may be dispensed for your animal." - "The general policy of this practice is to re-assess an animal requiring repeat prescriptions every [xx] months, but this may	Copy of notice and information for new clients.

		vary with individual circumstances. The standard charge for a re-examination is £ [xx]." - "Further information on the prices of medicines is available on request." The practice should provide new clients with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter or terms of business document. On a continuing basis, the practice should take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter. Reasonable steps may include a combination of practice leaflets, client letters, and information on practice websites.	
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.	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. 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.	

9.1.24	Medicines must be used in accordance with the legislation commonly referred to as the Cascade.	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. 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: http://bit.ly/1M7S8qv. BEVA: The Cascade in Equine practice: http://bit.ly/2fBAWjW. 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: 1. A veterinary medicinal product authorised in the United Kingdom for use with another animal species, or for another condition in the same species If, and only if, there is no such product that is suitable, either: 2. A medicinal product authorised in the United Kingdom for human use or 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) 4. If, and only if, there is no such product that is suitable, a veterinary medicinal product prepared extemporaneously by a	Protocol for unauthorised medicine use.

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		pharmacist, a veterinary surgeon or a person holding a manufacturing authorisation authorising the manufacture of that type of product 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	
9.1.25	Consent for products supplied under the Cascade is required.	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. It is not acceptable to use an all embracing "general" lifelong consent for any and all off-label products that might be given to any animal. Specific consent needs to be obtained for each unauthorised medicine used, however it is acceptable where there is a specific ongoing condition requiring unauthorised medicine for a lifelong consent form to be used for that particular medicine in that particular animal. Similarly in the case of exotics where there are no licensed products available, it is acceptable to use lifetime consent. Assessors will ask to see completed off-label forms not just that a stock of blank forms is held. Copies of prescriptions must be available for the assessor to view.	Completed consent forms.

		The VDS can supply a suitable template for these consent forms: http://bit.ly/1Pnu6FX	

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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: http://bit.ly/1DNqgVE	Protocol for suspected adverse event reporting. 
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.	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. Antimicrobials advice is available from the BVA: http://bit.ly/1INIe6Z as well as their antimicrobials poster for use in practice: http://bit.ly/1iIN5jK The BSAVA also provides advice on the responsible use of antimicrobials: http://bit.ly/2e5GX7g BEVA provides its own antimicrobials guidance: http://bit.ly/2fiPNys	

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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.	The RCVS provides guidance for chemotherapy drugs. See Chapter 4, point 4.39 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1MqalPI Practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: http://bit.ly/1WfH1P6	SOP for cytotoxic medicine use.

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Module 9: Medicines

General Practice

~~There are no General Practice requirements in this module.~~

Point	Requirements	Guidance notes	Documents
9.2.1	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.	
9.2.2	All team members involved in dispensing medication must be trained and there must be protocols in place, including systems to reduce errors.	Training can be internal by means of SOPs. Systems to reduce errors should include double checking systems for dispensed medicines.	
9.2.3	A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones and 3rd and 4th generation cephalosporins). This will include culture and sensitivity to show that no other, non-critical	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.	

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	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.	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. 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. Information on the antimicrobials contained within the group HP-CIA can be found on http://bit.ly/2q0JCmU. See BEVA PROTECT ME (https://www.beva.org.uk/Resources-For-Vets-Practices/Medicines-Guidance/Protect-me) and BVA	

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		(https://www.bva.co.uk/News-campaigns-and-policy/Policy/Medicines/Antimicrobials/) guidelines on the responsible use of antimicrobials.	
9.2.4	The practice routinely provides written information to the client about side-effects or complications relating to unauthorised products whenever they are prescribed.	Provides relevant information and resources to clients.	For example BEVA client information leaflets: http://bit.ly/2fBAWjW
9.2.5	The practice provides suitable training to clients if they are to administer injectable medicines themselves.	This will include the disposal of sharps and used syringes.	Client information.
9.2.6	The practice has a protocol for antimicrobial use in common conditions encountered.	These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol e.g. BEVA PROTECT ME protocols.	Written protocol.
9.2.7	The practice has a written policy on the prescription and dispensing of sedative drugs for use during examinations and or procedures undertaken by paraprofessionals.	Assessors will require an example of a written policy.	Written policy.

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Module 9: Medicines

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
9.3.1	At least one team member must have attended an appropriate dispensing course in the last 4 years.	This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. BSAVA dispensing course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	Evidence of attendance at Dispensing course or access to online CPD records.
~~9.3.2~~	~~All labels must be mechanically or machine produced, handwritten labels are not acceptable.~~	~~Handwritten labels for ambulatory practitioners or those on visits are considered acceptable for reasons of practicality, as the majority of details (i.e. veterinary practice address) are pre-printed onto labels the additional information can be added by hand.~~	

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Module 9: Medicines

Award Points

This module contributes towards the Awards in Team and Professional Responsibility and Ambulatory Service; you will also need to have completed all of the points listed under Core Standards.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
9.5.1	A team member has recently attended further training in dispensing and medicines legislation.	Team members that receive the training ensure that there is transfer of knowledge to other members of the practice team.	This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. BSAVA dispensing course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	Evidence of attendance at course or access to online CPD records.	30

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9.5.2	The practice has a designated person responsible for the running of the dispensary.		This person would be expected to ensure that dispensary SOPs are available and the team is trained in their use.	Name of designated person and list of their responsibilities.	30
9.5.3	The practice has a designated person responsible for auditing Controlled Drugs by checking the Register balance and the amount in stock at least weekly.		This person must be a veterinary surgeon or RVN. In the absence of the designated person an appropriate deputising system is in place.	Name of designated person and list of their responsibilities.	20
9.5.4	The dispensary has a clearly demarcated work surface for the preparation of prescriptions and medications.				10
9.5.5	Injectable medicines drawn up into syringes are appropriately labelled if they are not to be used immediately.		Identification of the product and when it was drawn up and by whom. A protocol is in place to ensure they are correctly disposed of within an appropriate timeframe if not used.		10

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~~9.5.6~~	~~There is a clear storage system for medications awaiting collection by clients that ensures they are held under the appropriate conditions.~~		~~This applies to systems inside the clinic and to out-of-hours medicine collection arrangements.~~ ~~There should be a system in place to audit those medicines not collected.~~		~~10~~
9.5.7	For medicines requiring special handling e.g. cytotoxic/cytostatic/certain hormones the practice has in place SOPs for storage, administration, disposal and sending animals home on such medication.		The RCVS provides guidance for chemotherapy drugs. See Chapter 4, point 4.39 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1MqalPI When an animal is sent home on these medications, the practice should provide animal owners/carers with leaflets, training and suitable PPE. Practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: http://bit.ly/1WfH1P6	Copies of SOPs.	10
9.5.8	The practice employs a Suitably Qualified Person (SQP).		An SQP as defined by AMTRA / Vet Skill.	Copy of AMTRA SQP certificate.	10

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9.5.9	The practice has ready access to appropriate and current reference materials relevant to the use of medicinal products.		These could be the BVA guide, BSAVA formulary, BEVA formulary app and/or VMD guidance notes.		10
9.5.10	The practice uses SOPs, which should include systems in place for handling veterinary medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
9.5.11	The practice uses SOPs, which should include systems in place for stock and date control.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
9.5.12	The practice uses SOPs, which should include systems in place for placing orders.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
9.5.13	The practice uses SOPs, which should include systems in place for unpacking drug orders.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
9.5.14	The practice uses SOPs, which should include systems in place for labelling medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10

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9.5.15	The practice uses SOPs, which should include systems in place for temperature and environmental monitoring protocols.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
9.5.16	The practice uses SOPs, which should include systems in place for disposal of out of date and returned medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
9.5.17	The practice uses SOPs, which should include systems in place to prevent errors when dispensing medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs.	10
9.5.18	The practice has a system in place for updating all members of the practice team on new products or changes in the SPCs for current products.	The practice updates team members regularly.	For example a new product notice board or monthly updates at practice meetings, NOAH updates.		20
9.5.19	The PMS identifies unauthorised products used under the Cascade and prompts the user to label correctly and use appropriate consent forms.				20
9.5.20	The PMS automatically labels unauthorised products used under the Cascade correctly and automatically produces a consent form.				10

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9.5.21	The practice routinely provides written information to the client about side effects or complications relating to unauthorised products whenever they are prescribed.	Provides relevant information and resources to clients.	For example BEVA client information leaflets: http://bit.ly/2fBAWjW	Client information.	10
9.5.22	The practice provides suitable training to clients if they are to administer injectable medicines themselves.	Provides relevant information and resources to clients for home care.	This will include the disposal of sharps and used syringes.	Client information.	10
9.5.23	The practice has a protocol for antimicrobial use in common conditions encountered.		These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol e.g. BEVA PROTECT ME protocols.	Written protocol.	30

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9.5.24	The practice has a protocol for endo-parasiticide and ecto-parasiticide use.		These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol.	Written protocol.	30
~~9.5.25~~	~~The patient records include the Passport section 9 status.~~				~~20~~
~~9.5.26~~	~~The section 9 status is linked to the microchip number and/or UELN (Universal Equine Life Number).~~				~~20~~
9.5.27	BEVA emergency dispensing forms are available and used for horses without a passport at the time of examination.				20
9.5.28	Dispensing procedures are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits.	Audit report.	20
9.5.29	There is a system in place for the collection of medicines out-of-hours.		A degree of secure access and environmental controls should be considered.		10

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9.5.30	There is a system in place for the delivery or collection of dispensed medicines.		This applies to systems inside the clinic and to out-of-hours medicine collection arrangements. There is a clear storage system for medications awaiting collection by clients, or delivery to clients, that ensures they are held under the appropriate conditions. There should be a system in place to audit those medicines not collected.		10
9.5.31	The practice communicates to its clients how repeat prescriptions are ordered and dispensed.				10
9.5.32	The practice has appointed an antibiotic guardian(s) to oversee the appropriate use of HP-CIAs and adherence to the written policy on the prescription of these.		The antibiotic guardian(s) should be appointed in writing and there should be a list of their duties.		30
9.5.33	The practice has systems in place to monitor the appropriate use of HP-CIAs.				20

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Annex E – Equine edits (with tracked changes)

9.5.34	The practice has a written policy on the prescription and dispensing of oral sedative drugs for use in horses receiving treatment by paraprofessionals (e.g. Equine Dental Technicians (EDTs)).		20
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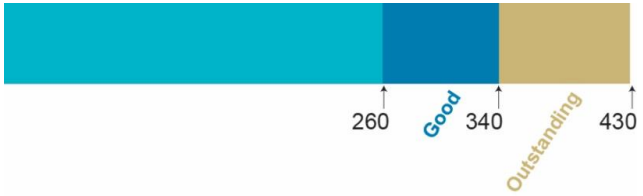
			OUTSTANDING: 340340
			GOOD: 260



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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.	See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/. ~~The General Data Protection Regulations (GDPR), will be implemented in the UK on 25 May 2018 and will replace existing data protection legislation, the Data Protection Act 1998 (DPA).~~ 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. 'GDPR - RCVS information and Q&As' can be downloaded from ~~General guidance can be found on~~ the RCVS website at: http://bit.ly/2IBYIKX 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: http://bit.ly/2rXiaHs	

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		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 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. Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt http://bit.ly/2ke4QKz), 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.	
10.1.2	~~Where appropriate,~~ R~~r~~ecords 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.	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	

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		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 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. 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.	
10.1.4	Before any diagnostic or surgical procedure is performed on an animal, informed consent must be obtained~~sought~~.	Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable 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. Further guidance on informed consent is available from the RCVS website: http://bit.ly/2qVzqfG It is recognised that in an emergency it may be necessary to perform procedures without prior consent.	

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Annex E – Equine edits (with tracked changes)

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10.1.5	Likely charges must be discussed with clients and updated as necessary.	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. 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.	
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.	See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/. Veterinary surgeons must keep clear, accurate and detailed clinical and client records. Team members must be aware of the requirements of relevant General Data Protection Regulations.	

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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	Veterinary surgeons are aware of their professional obligations in relation to their communications with each other and when sharing or taking over care of a patient.	When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. Even where two veterinary surgeons are treating different groups of animals owned by the same client, ~~it is still advisable for~~ each ~~to~~ should keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1LaRCay	

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Module 10: Medical Records

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
10.2.1	The practice seeks written consent for major surgery and euthanasia.	Written consent follows from discussions with the client. It is accepted that in some emergency situations written consent may not be possible. This applies to animals seen at the owner's premises or at the practice. If treatment changes during the course of investigation, telephone consent is allowed, but should be recorded in the clinical records.	Signed Consent forms.
10.2.2	Signed consent forms are usually required for all clinical procedures when the patient is admitted to the care of a veterinary surgeon. This will include diagnostics, medical treatments, surgery and euthanasia.	Consent follows from discussions with the client. If treatment changes during the course of investigation, telephone consent is allowed, but should be recorded in the clinical records.	Signed consent forms.
~~10.2.3~~	~~All hospitalised animals must have in-patient sheets recording basic husbandry parameters, with timed and initialled entries:~~ ~~- Temperature~~ ~~- Pulse~~ ~~- Respiration~~ ~~- Treatments~~		~~Hospital sheets.~~

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	~~- Food and water intake~~ ~~- Urine and faeces output~~ ~~- Clinical signs~~ - ~~Demeanour~~		
10.2.4	The practice system is capable of passing patient records between premises within the same practice group.		
10.2.5	Complete records must contain the following information, where applicable: - Owner identification e.g. name, address, contact telephone numbers - Patient identification: • Name • Species • Breed • Colour • Age • Sex • Microchip number or tattoo number • Weight • Clinical information: • Dates of all examinations • Dates of investigations • Dates of treatments • Author of clinical records • History and details of clinical examination, investigations provisional diagnosis and treatments • Vaccinations with batch numbers • Special considerations e.g. abnormal drug reactions by patient or client, concurrent clinical conditions • Repeat prescriptions e.g. authorisation and review date - External communications:	It is prudent to include plans for future treatment or investigations, details of proposed follow-up care or advice, notes of telephone conversations, fee estimates or quotations, consents given or withheld and contact details. The practice should have the ability to separate clinical and financial records so that clinical records can be forwarded without financial information. Clinical and client records should include details of examination, treatment administered, procedures undertaken, medication prescribed and/or supplied, the results of any diagnostic or laboratory tests (including, for example, radiograph, ultrasound or electrocardiogram images or scans), provisional or confirmed diagnoses, and advice given to the client. See Chapter 13 of the supporting guidance to the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1MrzGc1	Clinical records.

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	• Referrals and laboratory reports • Consent forms and estimates		
10.2.6	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	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.	
10.2.8	Written discharge instructions are routinely handed to clients on discharge of all hospitalised patients.	These should include at least: - Details of medication - Instructions for feeding - Instructions for exercise - Information about repeat appointments - Details of out of hours arrangements	
10.2.9	The practice uses a computerised practice management system.	The computerised clinical records are accessible at all premises within the same practice group.	

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Module 10: Medical Records

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
10.3.1	There must be facility for easy referral of patients from a branch surgery to the full facilities available at a hospital. The clinical records system must be capable of passing patient records between branches and the hospital.		
10.3.2	Records must include therapeutic and diagnostic plans.	This should be in a form that is understandable to the whole practice team, ideally using standardised medical nomenclature.	Clinical records.
10.3.3	The practice must audit the back-up for computerised records to ensure that it is adequate.		Audit report.
10.3.4	The practice has a weigh bridge and accurate weights are recorded for all inpatients.		
10.3.5	There is easy access from the patient medical record to associated clinical documentation e.g. digitalised, scanned or paper.	This might include imaging records, laboratory reports, referral reports, insurance records, previous history from other practices and	

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		written discharge instructions for both owner/trainer and referring veterinary surgeon.	
10.3.6	Body condition score is recorded using a recognised, peer-reviewed standardised system.		

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Module 10: Medical Records

Award Points

This module contributes towards the Award in Team and Professional Responsibility; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
~~10.5.1~~	~~The practice utilises a protocol to update records regarding deceased patients including removal of patients' names from reminder lists.~~	~~Team members understand the rationale behind this.~~		~~Protocol for updating records.~~	~~30~~
~~10.5.2~~	~~Body condition score is recorded using a recognised, peer reviewed standardised system.~~				~~20~~
~~10.5.3~~	~~The practice uses a computerised practice management system.~~		~~The computerised clinical records are accessible at all premises within the same practice group.~~		~~50~~
~~10.5.4~~	~~A system is in place to access clinical records when away from the practice premises.~~		~~This could be real-time access, computerised record copies or print-outs.~~		~~30~~

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10.5.5	The practice records can cross reference the same patient with different owners.		For example reference to passport name/UELN/microchip for PPEs.		20
10.5.6	Records include diagnostic and therapeutic plans.		This should be in a form that is understandable to the whole practice team, ideally using standardised medical nomenclature.	Clinical records.	30
10.5.7	The practice is working towards a standardised medical nomenclature.		This can either be based on a local nomenclature or other standard system. Evidence of training for all team members using the system.		10
10.5.8	The clinical records system is set up in such a way as to allow data mining for the purposes of clinical governance, clinical audit, benchmarking, clinical research etc.		The records system can search e.g. name of procedure.		20
10.5.9	There is easy access from the patient medical record to associated clinical documentation e.g. digitalised, scanned or paper.		This might include imaging records, laboratory reports, referral reports, insurance records, previous history from other practices and written discharge instructions for both owner/trainer and referring veterinary surgeon.		30
10.5.10	Patient records include horse's status with regards to exclusion from the		This should be inextricably linked to the patient's ID.		40

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Annex E – Equine edits (with tracked changes)

	~~human food chain (i.e. section 9 of passport signed).~~				
			TOTAL POINTS AVAILABLE:		~~280~~
			OUTSTANDING:		~~220~~
			GOOD:		~~170~~

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Module 11: Nursing

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.

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Module 11: Nursing

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

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

Module 11: Nursing

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
11.3.1	At least one RVN or REVN is employed.	The RVN/REVN's primary role is the responsibility for the nursing and clinical care of the clinic's patients. Team members' schedules/rotas will provide evidence. ~~It is an intention for the future that Veterinary Hospitals have a RVN onsite for all normal opening hours.~~	
11.3.2	There must be a CPD plan for the nursing team.	CPD should be specific to job requirements of the nursing team members.	CPD plan for nursing team.
11.3.3	Nursing should be provided at all times.	Schedules/rotas to provide evidence.	Rotas.
11.3.4	There must be an RVN onsite for all normal opening hours.	Team members' schedule rotas will provide evidence.	

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11.3.5	All animals have an individual nursing care plan.	This should include specific instructions for complex interventions. A recognised nursing care plan (NCP) should be completed and regularly reviewed for each eligible patient. NCPs should be overseen by a qualified member of the practice. For routine procedures standardised plans are acceptable.	

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Module 11: Nursing

Award Points

This module contributes towards the Award in In-patient Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

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Point	Requirements	Behaviours	Guidance notes	Documents	Points
11.5.1	A REVN/RVN is employed for all normal practice opening hours (or part time equivalents to FTE).		The RVN/REVN's primary role is the responsibility for the nursing care of the clinic's patients.		~~7~~40
11.5.2	The nursing team is involved in the regular practice clinical meetings and management meetings to ensure inter-professional practice.~~.~~		All members of the nursing team should have the opportunity to input items for discussion.	Minutes of most recent ~~team meeting~~clinical and management meeting.~~.~~	3~~2~~0

Annex E – Equine edits (with tracked changes)

11.5.3	There should be sufficient appropriately trained team members to provide nursing care to expected numbers of patients.	Team members can describe the appropriate level of care expected.	For team members without a recognised qualification (or on an approved course) the practice must demonstrate the training given. Training could be in-house or externally provided. This includes in-patients and surgical patients.	Training records and rotas.	50
11.5.4	Nurse and/or paraprofessional clinics are provided and/or nurses are involved with client education meetings.		This might include weight clinics, foot or dental clinics. Appropriate training and qualifications should be demonstrated.		40
11.5.5	The practice has clinical clubs/regular clinical meetings for the nurses.	Encourages nursing team to come together to share ideas.	All members of the nursing team should have the opportunity to input items for discussion.	Minutes of most recent nursing team meeting.	20
11.5.6	Clinical nursing procedures are subject to clinical audit.	Open, honest discussions with clear actions and no barriers to feedback.	This could be outcome, process or significant event audits.	Audit report.	20
11.5.7	There must be a CPD plan for the nursing team.		CPD should be specific to job requirements of the nursing team members.	CPD plan for nursing team.	30

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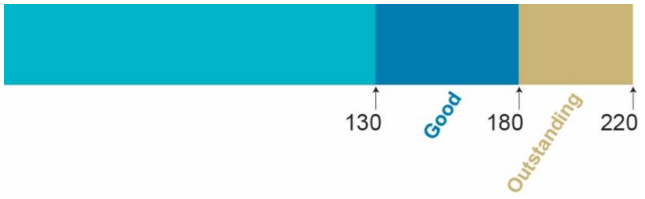
Annex E – Equine edits (with tracked changes)

11.5.8	The practice is a nurse training practice.		Practices would be expected to have at least one student veterinary nurse in training within the previous 12 months.		40
			TOTAL POINTS AVAILABLE:		~~220~~270
			OUTSTANDING:		~~180~~220
			GOOD:		~~130~~160



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 *RCVS Code of Professional Conduct* for further information: http://bit.ly/1J80rzD 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 *RCVS Code of Professional Conduct* for further information: http://bit.ly/1J80rzD 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 *RCVS Code of Professional Conduct* for further information: http://bit.ly/1J80rzD 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.

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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/visits. 
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.	Clients should be provided with information at initial registration on the emergency service, including relevant telephone numbers, location details and the likely initial costs of a consultation. Written duty rota or formal written arrangement with an alternative veterinary surgeon/practice and by what means the practice informs clients of the out-of-hours arrangements. Assessors may interview clients as to how they are informed of OOH arrangements.	Client information on out-of-hours arrangements. 
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 *RCVS Code of Professional Conduct* for further information: http://bit.ly/1J80rzD	Protocol for night callers and lone working.

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	must be in place. Suitable means must be available to enable team members to call for immediate assistance when necessary.		

Module 12: Out-of-hours

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
12.2.1	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	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. A second veterinary surgeon is available for anaesthesia for in-house surgical emergencies where appropriate.	
12.2.3	Practices can only outsource their OOH provision to practices that meet or exceed their own level.	This refers to the base accreditation of Core/GP/Veterinary Hospital for the species covered, and must be in place by 2020. This requirement does not relate to any Awards.	

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Module 12: Out-of-hours

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
12.3.1	The practice must provide out-of-hours cover at the hospital premises.		

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Module 12: Out-of-hours

Award Points

There are no Award Points for this module.

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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: http://bit.ly/1WfH1P6	
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.	

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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.

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13.1.13	All vehicles should contain a clinical waste area and sharps bin.		

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Module 13: Out-patients (Ambulatory)

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
13.2.1	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	There must be a contact list of local horse 24 hour transport companies.		Contact list.
13.2.3	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.	

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13.2.4	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. ~~Could be an X-ray viewer or computer.~~	
13.2.5	All clinical team members must be provided with written guidelines 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.	If the practice can demonstrate that new clinical team members have access at all hours to a senior clinician to discuss cases, written guidelines would not be required although still advisable. The assessor would wish to confirm this arrangement with relevant clinicians.	Induction/ training records.

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Module 13: Out-patients (Ambulatory)

Veterinary Hospital

There are no Veterinary Hospital requirements in this module.

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Module 13: Out-patients (Ambulatory)

Award Points

This module contributes towards the Award in Ambulatory Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
13.5.1	CPD relevant to equine ~~ambulatory practice~~medicine has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		~~This could be in equine medicine, veterinary cardiology, veterinary dermatology, veterinary ophthalmology etc.~~ This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of equine medicine, cardiology, dermatology or ophthalmology CPD.	10

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13.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) relevant to equine practice and there is evidence of dissemination to the rest of the team.		This could be in equine animal medicine, veterinary cardiology, veterinary dermatology veterinary ophthalmology, etc. Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20
13.5.3	At least one MRCVS has a post-graduate qualification relevant to equine practice and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in equine ambulatory practice.	This includes AP status or a relevant old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification.	30

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13.5.4	Written diagnostic guidelines are utilised for lameness/fractures.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
13.5.5	Written diagnostic guidelines are utilised for skin diseases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

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13.5.6	Written diagnostic guidelines are utilised for laminitis.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
13.5.7	Written diagnostic guidelines are utilised for acute diarrhoea.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

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13.5.8	Written diagnostic guidelines are utilised for acute colic.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
13.5.9	Written diagnostic guidelines are utilised for cardiac cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

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13.5.10	Written diagnostic guidelines are utilised for respiratory cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
13.5.11	Written diagnostic guidelines are utilised for ophthalmic cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

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13.5.12	Written diagnostic guidelines are utilised for neurological cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
13.5.13	Written diagnostic guidelines are utilised for reproductive/dystocia cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

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13.5.14	A written vaccination policy is utilised in the practice.		This must be reviewed at regular intervals and at least annually.	Copy of policy.	10
13.5.15	A written parasite control policy is utilised in the practice. This should cover both ecto- and endo-parasites and training must include reception staff.		This must be reviewed at regular intervals and at least annually.	Copy of policy.	10
13.5.16	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for skin disease.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

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13.5.17	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for laminitis.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
13.5.18	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for acute diarrhoea.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

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13.5.19	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for acute colic.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
13.5.20	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for cardiac cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

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13.5.21	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for respiratory cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
13.5.22	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for ophthalmic cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

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13.5.23	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for neurological cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
13.5.24	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for reproductive cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines. .	10

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13.5.25	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for lameness/fracture.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
13.5.26	Scales are provided to allow accurate weighing of horses to enable accurate dosage.		These scales should be calibrated regularly.		20
13.5.27	Team members can provide contact details/options for collection of carcasses.				20
13.5.28	All vehicles are fitted with a bulkhead to protect driver and passengers from injury should the vehicle stop suddenly.	The practice identifies and minimises risks to team members.	If such an item is not available for the vehicle every effort should be made to secure heavy items to the floor/seats of the car.		20

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13.5.29	The practice vehicles are routinely serviced and tyres checked.	The practice identifies and minimises risks to team members.	This includes private vehicles used for business and written records are required. Insurance cover should be adequate for the business undertaken and passengers carried e.g. students/clients.		20
13.5.30	The practice vehicles have appropriate facilities for the carriage of medicinal products.		This includes controlled drugs.		20
13.5.31	Equipment within vehicles should be appropriately packaged and protected.		Veterinary drugs and equipment should be packaged in order to prevent damage.		20
13.5.32	Vehicles for use in inclement weather conditions are available.	The practice identifies and minimises risks to team members.			20
13.5.33	Vehicle trackers are used.	The practice identifies and minimises risks to team members.			10
13.5.34	There should be an SOP in place for acquiring access to equipment needed for more complex procedures.				10
13.5.35	All vehicles must have appropriate health and safety equipment.	The practice identifies and minimises risks to team members.	This will include human first aid kit, high vis jacket, warning triangle and fire extinguisher.		20

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13.5.36	There is a protocol in place for dealing with unusual/uncommon presentations and suspected notifiable diseases.		This could be a laminated list of phone numbers and/or web links.		10
13.5.37	An awareness of biosecurity and provision within the vehicle to set up an area of temporary isolation in a yard.		This could include tape, appropriate disinfectant and coveralls.		20
13.5.38	The team members are aware of the practices' protocol for euthanasia.		This should include consideration of location e.g. away from public rights of way and vehicle access for disposal of carcasses.	Protocol for euthanasia.	20
13.5.39	A one year CPD plan must be provided for all team members involved in providing emergency services.			CPD plan.	10
13.5.40	At least one veterinary surgeon has attended a BARTA/BEVA Safer Horse Rescue course (or equivalent) within the past 4 years.			Evidence of attendance at course.	20
13.5.41	An appropriate number of on-duty veterinary surgeons are available at all times during all of the hours of operation.			Rota.	20

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13.5.42	There must be a written policy on answering the telephone including how to answer call-outs, transports concerns and fee estimates.			Written policy on telephone answering.	10
13.5.43	Members of the clinical team have received specific training/undertaken appropriate CPD on recognising and managing pain in horses.		Evidence of this training, how the practice assesses the impact of training and how they retained or changed pain control policy based on this assessment.		20
13.5.44	Appropriate interventions against pain are provided for patients in response to pain assessments/pain scores.		Evidence should be provided through clinical records. Interventions will be in response to initial pain scores and changes in pain scores. Interventions may include local and regional anaesthesia, epidurals, CRI's, icing feet etc.		40
13.5.45	The practice utilises pre-emptive pain control.		Evidence that all personnel recognise the need for pre-emptive pain control and that this is a recorded step in each case.		20
13.5.46	Pain is reassessed and recorded regularly after surgery and in other painful conditions (e.g. laminitis, colitis, lameness).		Evidence that this reassessment has led to recorded decisions.		20

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13.5.47	Patients with chronic conditions e.g. osteoarthritis are reassessed regularly, and treatment plans adjusted appropriately.		Evidence of the reassessment and that the resulted decisions are recorded.		10
13.5.48	The practice provides a holistic approach to pain relief.		This could include overall management of the patient and the use of non-pharmaceutical pain relief (e.g. immobilisation, massage, physiotherapy). The practice should be able to demonstrate an appropriate protocol.		10
13.5.49	Written diagnostic and therapeutic guidelines are utilised for Pituitary Pars Intermedia Dysfunction (PPID).	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic and therapeutic guidelines.	10

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13.5.50	Written diagnostic guidelines are utilised for exotic diseases (e.g. African Horse Sickness).	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
13.5.51	A system is in place to access clinical records when away from the practice premises.		This could be real-time access, computerised record copies or print-outs.		30
13.5.52	The practice records can cross reference the same patient with different owners.		For example reference to passport name/UELN/microchip for PPEs.		20
			TOTAL POINTS AVAILABLE:		~~690~~760
			OUTSTANDING		~~550~~610
			GOOD		~~410~~460

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Module 14: Pain Management and Welfare

Core Standards

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

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Module 14: Pain Management and Welfare

General Practice

Point	Requirements	Guidance notes	Documents
14.2.1	The practice utilises pre-emptive pain control.	Evidence that all relevant personnel recognise the need of pre-emptive pain control and that this is a recorded step in each case. There should be protocols for pain management in specific circumstances e.g. orthopaedic surgery.	
14.2.2	Pain is reassessed and recorded regularly after surgery and in other painful conditions (e.g. laminitis, colitis, lameness).	Evidence that this reassessment has led to recorded decisions.	Clinical records.
14.2.3	Patients with chronic conditions e.g. osteoarthritis are reassessed regularly and treatment plans adjusted appropriately.	Evidence of the reassessment and that the resulting decisions are recorded.	Clinical records.
14.2.4	The practice provides a holistic approach to pain relief.	This could include overall management of the patient and the use of non-pharmaceutical pain relief (e.g. immobilisation, massage, physiotherapy). The practice should be able to demonstrate an appropriate protocol.	

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14.2.5	Pain is routinely assessed using a recognised pain scoring system and appropriate analgesia provided.		

~~There are no General Practice requirements in this module.~~

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Module 14: Pain Management and Welfare

Veterinary Hospital

Point	Requirements	Guidance notes	Documents
14.3.1	A pain scoring sheet (e.g. van Loon *et al* 2010 *J Equine Vet Sci* 30 641-649) is available throughout the practice.	Evidence that relevant personnel understand why the sheet is there and its use.	
14.3.2	Members of the clinical team have received specific training/undertaken appropriate CPD on recognising pain in horses.	Evidence of this training, how the practice assesses the impact of training and how they retained or changed pain control policy based on this assessment.	Training records.
14.3.3	Team members know how to access relevant reference materials on pain assessment and control.	This could be reference texts or materials held in the practice or online resources.	
14.3.4	Pain assessment is performed and recorded using a standardised system.	Evidence that there has been consideration and planning behind acquiring the appropriate pain scale and this has been followed through with clear communication in the practice, training for relevant personnel and an assessment of judging its impact and modifying its usage if necessary. Once standardised peer reviewed systems have been developed then it is expected that these would be used as appropriate.	Evidence of recorded pain scoring.

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14.3.5	Appropriate interventions against pain are provided for patients in response to pain assessments/pain scores.	Evidence should be provided through clinical records. Interventions will be in response to initial pain scores and changes in pain scores. Interventions may include local and regional anaesthesia, epidurals, CRIs, icing feet etc.	Clinical records.

~~There are no Veterinary Hospital requirements in this module.~~

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Module 14: Pain Management and Welfare

Award Points

This module contributes towards the Award in In-patient Services; you will also need to have completed all of the points listed under Core Standards.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
14.5.1	The practice has a designated person who has undertaken specific training/appropriate CPD in pain management, and who implements training and monitors compliance with pain management protocols.		This person is expected to be a veterinary surgeon.	Name of designated person and list of their responsibilities.	30
14.5.2	A pain scoring sheet (e.g. van Loon *et al* 2010 *J Equine Vet Sci* 30 641-649) is available throughout the practice.		Evidence that relevant personnel understand why the sheet is there and its use.		10
14.5.3	Members of the clinical team have received specific training/undertaken appropriate CPD on recognising pain in horses.		Evidence of this training, how the practice assesses the impact of training and how they retained or changed pain control policy based on this assessment.	Training records.	20

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14.5.4	Team members know how to access relevant reference materials on pain assessment and control.		This could be reference texts or materials held in the practice or online resources.		10
14.5.5	Pain assessment is performed and recorded using a standardised system.		Evidence that there has been consideration and planning behind acquiring the appropriate pain scale and this has been followed through with clear communication in the practice, training for relevant personnel and an assessment of judging its impact and modifying its usage if necessary. Once standardised peer reviewed systems have been developed then it is expected that these would be used as appropriate.	Evidence of recorded pain scoring.	40
14.5.6	Appropriate interventions against pain are provided for patients in response to pain assessments/pain scores.		Evidence should be provided through clinical records. Interventions will be in response to initial pain scores and changes in pain scores. Interventions may include local and regional anaesthesia, epidurals, CRIs, icing feet etc.	Clinical records.	40

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~~14.5.7~~	~~The practice utilises pre-emptive pain control.~~		~~Evidence that all relevant personnel recognise the need of pre-emptive pain control and that this is a recorded step in each case.~~		~~20~~
~~14.5.8~~	~~Pain is reassessed and recorded regularly after surgery and in other painful conditions (e.g. laminitis, colitis, lameness).~~		~~Evidence that this reassessment has led to recorded decisions.~~	~~Clinical records.~~	~~20~~
~~14.5.9~~	~~Patients with chronic conditions e.g. osteoarthritis are reassessed regularly and treatment plans adjusted appropriately.~~		~~Evidence of the reassessment and that the resulting decisions are recorded.~~	~~Clinical records.~~	~~10~~
~~14.5.10~~	~~The practice provides a holistic approach to pain relief.~~		~~This could include overall management of the patient and the use of non-pharmaceutical pain relief (e.g. immobilisation, massage, physiotherapy). The practice should be able to demonstrate an appropriate protocol.~~		~~10~~
14.5.11	Clients are given verbal and written information about recognising pain and the benefits of treatment as well as potential adverse reactions.		Evidence that the information was delivered in a clear manner and that the practice has taken clients' comments into account.	Client information.	20
14.5.12	Pain management in the practice is subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits.	Audit report.	20

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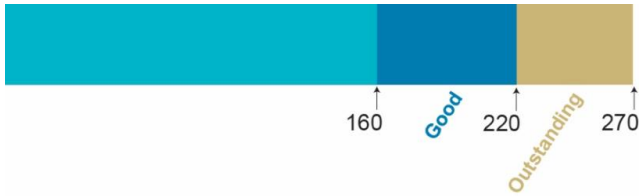
14.5.13	Multi-modal pain relief is routinely used in practice.		This must include the use of full mu-agonists when appropriate.		20
14.5.14	Local and regional anaesthesia is routinely used by the practice.				20
14.5.15	Constant rate infusions (CRIs) of analgesic drugs are used.		Evidence should be provided through clinical records.		20
14.5.16	Epidural administration of morphine / opioids is used in appropriate cases.				20
14.5.17	Cryotherapy is used in appropriate cases for the prevention / treatment of laminitis.				20
14.5.18	A ridden horse ethogram is used in appropriate cases.				20
			TOTAL POINTS AVAILABLE:		~~270~~310
			OUTSTANDING:		~~220~~250
			GOOD:		~~160~~190



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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/REVNs 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. 

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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.	Team members can describe what they are responsible for and what is expected of them. It may be useful to support this with a recorded list of responsibilities. This should be reviewed annually.	
15.1.7	Clinical team members are supported with regular reviews to plan their professional development.	Team members can describe the plans that have been agreed for their development and how they discuss their progress. We would expect this to occur as appropriate to the individual but at least annually.	
15.1.8	All professional team members must comply with the RCVS requirements for CPD.	Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. This would ideally be recorded using the RCVS online CPD platform (use of the platform will be mandatory from 2022). 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. 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. ~~Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. Practices are encouraged to submit this on the official RCVS record card or online.~~	CPD records.

		~~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.~~ ~~For veterinary surgeons, the minimum requirement is 105 hours over three years (an average of 35 hours per year). For registered veterinary nurses the requirement is 45 hours over three years. The practice team includes full-time and part-time employees, as well as locums and others supplying veterinary services on a regular or 'ad hoc' basis.~~ New graduates are expected to complete PDP. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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.	
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.	See the Government's guidance on the Equality Act: https://www.gov.uk/guidance/equality-act-2010-guidance.	

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		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. The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions). The practice should demonstrate a commitment to diversity and that is has taken steps, where possible, to recruit a diverse workforce. The practice should demonstrate a zero tolerance approach to discrimination and harassment. 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.'~~Team members can explain how the policies are implemented.~~	
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.	The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have	Practice health and safety policy.

		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: - A statement of general policy - Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments - Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary See the HSE website for guidance on writing a health and safety policy: http://www.hse.gov.uk/simple-health-safety/policy/index.htm 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. These duties extend to: - Workers who work from home and mobile workers (e.g. farm vets, mobile practices) - Members of the public – clients, contractors, work experience, visitors - Temporary workers (e.g. locums). - 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	

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		important e.g. ECC shared with daytime, grooming business with vets) Advice on Self employed persons - http://www.hse.gov.uk/self-employed/what-the-law-says.htmAll team members should be able to describe their own and their employer's responsibilities with regard to working safely. The practice's policy should be set out in a document which is given to or displayed for all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974. Employers are required to have a policy setting out how they ensure that risks to health and safety to employees, contractors and customers are kept as low as is reasonably practical. Where five or more people are employed (even if this is only temporarily) this policy must be set down in writing. Such a written policy must include: - A statement of general policy - Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary. The law applies when people are at work so will also apply to 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.	

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		~~Veterinary surgeons who are self-employed also have duties towards their own health and safety and that of third parties (e.g. their family/locum) therefore, health and safety requirements do apply in this situation.~~ ~~Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.~~	
15.1.14	There are designated persons with agreed responsibilities for health and safety.	People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. This may include: - A Fire officer - First aiders and/or appointed persons - A Radiation protection supervisor (and RPA) - An Employee safety representative Area safety officers~~For example a fire officer, H&S rep/officer, first aiders, radiation protection supervisor (and RPA), area safety officers (if applicable).~~ ~~The practice must have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. A fire risk assessment must have been drawn up.~~ ~~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.~~	List of persons with H&S responsibilities and a list of their duties.

15.1.15	Team members are consulted appropriately in all matters of health and safety activity.	People can describe how they ~~have been~~are consulted about their safety at work and can describe how they would raise any concerns they have day to day. Consulting employees on health and safety matters is a legal requirement~~, and is more than simply having health and safety documents on site for team members to refer to and is very important in creating and maintaining a safe and healthy working environment.~~. 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: http://www.hse.gov.uk/simple-health-safety/consult.htm 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. Evidence of this may include team meeting minutes relating to health and safety, safety reporting systems and / or improvement ideas.~~Team meeting minutes should evidence discussion around H&S policy.~~	Minutes of meetings on H&S.
15.1.16	The practice has carried out risk assessments in all areas of activity ~~and has recorded the significant findings of these risk assessments~~.	Risk assessments are a legal requirement. They should be recorded if five or more people are employed. Risk assessments must - Identify the hazards - Decide who might be harmed and how - Evaluate the risks and decide on precautions - Record significant findings	Copies of relevant risk assessments.

		- Be reviewed and updated as necessary See the HSE guidance on risk management: http://www.hse.gov.uk/risk/index.htm Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities. Third parties should be considered, for example members of the public, contractors etc. If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses.~~Safety officer(s) can describe how they carried out their risk assessments and how these have informed the practice's standard procedures.~~ ~~If more than five people are employed, copies of the findings from the risk assessments should be available in the practice and regular review should be evidenced. Assessors will be verifying that the principles of risk assessment are understood and that risk has been addressed, they will not be examining individual risk assessments. Practices are referred to the HSE website for detailed guidance: http://bit.ly/1Erkpjx~~ ~~Activities/work areas to be considered would include both physical and psychological health, for example:~~ ~~- Cleanliness/tidiness~~ ~~- Disinfection~~ ~~- Handling and restraint of animals (including the use of on farm facilities)~~	

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		~~- Manual handling and lifting of weights (with particular reference to aids for moving heavy/paraplegic animals)~~ ~~- Slips/trips/falls~~ ~~- Veterinary medicines/pharmaceuticals~~ ~~- Anaesthetic gases~~ ~~- Injection procedures (risk of self-injection)~~ ~~- Risk to pregnant workers~~ ~~- Risk of work related stress~~ ~~- Proper use of work equipment~~ ~~- Display screen equipment~~ ~~- Office electrical equipment~~ ~~- Portable electrical appliances~~ ~~- Dental machine~~ ~~- X-ray machine~~ ~~- Anaesthetic equipment~~ ~~- Laboratory equipment~~ ~~- Laboratory procedures~~ ~~- Dental procedures using mechanical scaling~~ ~~- Security of team members, including provisions for lone/night working~~ ~~- Dealing with members of the public~~ ~~- Personal protective equipment~~ ~~- First aid, recording and reporting of accidents~~ ~~- Disposal of sharps, clinical, pharmaceutical, chemical and other waste (including safe handling of spillages/leakages, broken and unwanted containers)~~ ~~- Infectious disease/biological agents~~ ~~- Zoonoses (e.g. fungal, ringworm; bacterial, salmonella; and viral, bird flu)~~ ~~- Working at height~~ ~~- Water supplies/air-conditioning maintenance~~ ~~- Transport and storage and use of gas cylinders~~ ~~- Vehicles and driving for work~~ ~~- Employment of young persons (under 18 years of age)~~ ~~- Whether the practice premises does, or is liable to contain asbestos, any risk arising there from and action taken to manage~~	

		~~risk, may be required (Control of Asbestos at Work Regulations 2002 and 2006)~~ ~~Stored pressurised gas cylinders must be kept securely outside the building unless authorised by a fire officer. Stocks of explosives or inflammable agents must be stored in locked metal cupboards.~~ ~~Best practice is to store cylinders of oxygen and flammable gases outside in the open air, which allows vapours to be dispersed effectively.~~ ~~Storage outside should be secure. If storage has to be located within a building, an adequate level of ventilation should be provided either by mechanical ventilation or the presence of a sufficient size and number of permanent openings.~~ ~~Flammable gases, such as LPG, if stored inside, may only be stored in purpose-built compartments or buildings with fire-resistant walls and explosion relief. Only limited quantities should be stored and should not be placed under stairs, near waiting rooms or compressors. Risk assessments should be undertaken to take into account compatibility of substances stored and the suitability of the arrangements made.~~	
15.1.17	Team members understand and work according to the standard procedures adopted.	Team members can describe how they access standard procedures to maintain a safe working environment. All team members should be able to describe their own and their employer's responsibilities with regard to working safely.	Team H&S manual.

		~~Team members can describe how they use standard procedures to maintain a safe working environment, and how and where these are recorded and reviewed.~~ ~~Standard procedures may be recorded in a team member or practice manual, in area references or in aide-memoirs around the practice. They should be up-to-date and easily accessible.~~	
15.1.18	The practice must have undertaken a ~~thorough~~n assessment of the risks arising from the use of veterinary medicines and substances hazardous to health within the practice.	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: - Finding out what the health hazards are - deciding how to prevent harm to health (risk assessment) - Providing control measures to reduce harm to health - Making sure they are used - Keeping all control measures in good working order - Providing information, instruction and training for employees and others - Providing monitoring and health surveillance in appropriate cases e.g. anaesthetic gas monitoring - Planning for emergencies. Examples of substances hazardous to health include: - Veterinary medicines – low risk can be grouped together e.g. antibiotics, high risk should be assessed specifically e.g. carcinogenic substances - Cleaning products	COSHH assessment.

		- Agents that can cause allergies e.g. latex, penicillin - Infectious agents e.g. bacteria, viruses - Substances e.g. dust 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. See the HSE guidance on COSHH: http://www.hse.gov.uk/coshh~~The risk to health and safety from veterinary medicines and other substances has to be assessed under the Control Of Substances Hazardous to Health Regulations 2002 (COSHH). There is wide variation in risk, many are low to medium risk but there are some substances in veterinary practice, which pose a very serious risk to health.~~ ~~Implementing measures to control the exposure to low or medium risk substances can be adequately achieved when they are assessed by their therapeutic group/type/route of administration etc.~~ ~~The practice can set out standard measures to control exposures, for example:~~ ~~- Injectable anaesthetics~~ ~~- Pour-on anthelmintics~~ ~~- Steroidal compounds~~ ~~- Antibiotics~~ ~~Within these groups, practices must identify any specific medicines or substances that could have longer-term health risks, such as allergies e.g. penicillin, or sensitivities e.g. latex.~~	

		~~Specific and detailed assessments and the resulting measures to control exposure must be made for high-risk substances such as:~~ ~~- Any hormones~~ ~~- Oil-based vaccines~~ ~~- Cytotoxic drugs~~ ~~- Gluteraldehyde disinfectants~~ ~~- Micotil (tilmicosin)~~ ~~- Large animal Immobilon (etorphine)~~ ~~It should be noted that the lists mentioned are not exhaustive and practices should consider their own individual medicine/substance usage.~~ ~~Safety data sheets are not legally required for veterinary medicines and many medicine companies do not produce them. Practices should therefore ensure that they have access to the current version of either the Summary of Products Characteristics (SPC) or a data sheet for each authorised medicine used or stored in the practice. Copies of the current NOAH Compendium of Data Sheets are acceptable to fulfil this requirement for those medicine companies that participate. See the VMD product information database: http://bit.ly/1Pc2D9A (for veterinary SPC) and the electronic medicines compendium: http://bit.ly/1INlaaB (for non-veterinary SPCs).~~	
15.1.19	Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.	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.	Servicing records for all equipment.

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		Frequency of servicing is determined by the manufacturer or a competent person's recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.~~Evidence of servicing of: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers.~~ ~~Frequency of servicing is determined by manufacturer or competent person recommendation.~~	
15.1.20	Team members are prepared for emergencies.	Team members are familiar with procedures for turning off water supply, electricity, oil, heating gas and compressed gases. This information should be displayed in the practice.	
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.	The written programme containing the findings of the risk assessment, together with: - Evidence of inspection of the electrical installation by a competent person (frequency dictated by competent person) - 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)	Inspection of electrical installation. PAT testing and visual inspection.

		- Failed or damaged equipment must be identified clearly and removed from use See the HSE guidance on electrical safety at work: http://www.hse.gov.uk/electricity/index.htm~~The written programme containing the findings of the risk assessment, together with evidence of inspection of the electrical installation by a competent person and PAT testing and visual inspection records will be required.~~ ~~For the electrical installation in the building, the frequency of the inspection (by a competent person) should be as directed by that competent person.~~ ~~For portable electrical equipment, cables and leads, formal visual inspection and testing are considered. Advice should be sought from a competent person regarding the appropriate frequency for these as this will depend upon the individual circumstances of a practice. Equipment should be labelled with the date of inspection, or a database kept. Failed equipment must not be used and repaired equipment must be tested before use. Residual Current Devices are required for any equipment used in wet conditions. Assessors will ask to see PAT testing and visual inspection records.~~	
15.1.22	All gas appliances are required to be maintained in a safe condition.	Assessors will ask to see gas safety certificates. Carbon monoxide detectors should be in place and regularly tested wherever combustible fuels are burned. Advice should be sought from a suitably qualified person regarding an on-going programme of examination.	Gas safety certificates.

15.1.23	Team members understand the fire evacuation procedure and how to alert others in case of fire.	Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training. Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.	
15.1.24	Wherever patients are hospitalised, smoke and/or heat detectors must be placed ~~adequately~~ appropriately to alert team members who may be in remote parts of the premises.	This should include stables. These may be standalone smoke detectors or a maintained fire alarm system.	
15.1.25	Where team members are on the premises working alone or resting, automatic fire detection devices must be in place.	~~The fire officer can explain how regular reviews of practice fire safety are carried out.~~ Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. ~~A fire log book or other records should be used to record testing and servicing of fire alarms (if present), emergency lighting and call points, and team members training and evacuation procedures.~~ A premises checklist may be useful.	
15.1.26	There must be regular maintenance of fire alarms and equipment ~~and regular fire practice evacuations~~.	There should be a Fire log, or similar recording, in place detailing: -Tests of alarms and equipment -Servicing -Emergency lighting -Call point testing -Regular maintenance	Maintenance log for fire alarm, equipment and fire drills.

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		A schedule of regular workplace inspections (premises checklist) may be useful. ~~Fire log in place which records: tests of alarms and equipment, evacuation drills and evidence of regular maintenance.~~	
15.1.27	The practice must have performed a fire risk assessment and regular fire practice evacuations.	Employers (and / or building owners or occupiers) must carry out a fire safety risk assessment and keep it up to date. 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. 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: http://www.hse.gov.uk/toolbox/fire.htm. The practice must also have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. 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.~~The risk assessment should be regularly reviewed.~~ ~~Where gas/oxygen cylinders are being transported in practice vehicles, a 2kg dry powder fire extinguisher is required in the vehicle. Evidence should be provided of suitable hazard training.~~	Fire Risk assessment.
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.~~There must be an appointed person to take charge should someone fall ill or be injured, and to restock the first aid box. A second person must be appointed to take charge if the first appointee is off duty.~~	The assessment should consider: - The workplace - The team - The hazards present The assessment will help you to decide whether you need: -Appointed person(s) -First aider(s) – level of training identified by the needs assessment e.g. emergency first aid There must always be someone available to take charge of the first aid arrangements, namely: -Looking after the equipment and facilities -Calling the emergency services when required Arrangements should be made for an appointed person to be available to undertake these duties at all times when people are at work.~~An 'appointed person' is an individual nominated by their employer to take charge when someone is injured or falls ill. Their responsibilities include looking after the first aid equipment e.g. restocking the first aid box and calling an ambulance.~~ ~~Appointed persons should not administer first aid unless trained to do so.~~ ~~Note: nomination of an appointed person is a minimum requirement, but practices should consider if an appointment of~~	First aid needs assessment. List of appointed person and / or trained first aiders. Evidence of any training undertaken. ~~List of appointed persons for first aid and evidence of training of appointed persons for first aid.~~

		~~more than one person is necessary or if a first aider should be appointed. A first aider is someone who has undergone a training course in administering first aid and holds a current first aid at work certificate (these are time limited to three years). A first aider can undertake the duties of an appointed person.~~ ~~For further guidance, see HSE leaflet INDG214: http://bit.ly/1N79ZO1~~ ~~The appointed persons can describe how they have been prepared for their responsibilities which may just be stocking the first box and calling an ambulance.~~	
15.1.30	First aid box(es) are readily available and stocked.	This includes for practice vehicles. 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.	
15.1.31	The practice must have an accident book, or equivalent electronic version.	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. 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. 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. Accident forms should be audited regularly.	Accident book.

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		~~An accident book is required by law and must meet the requirements of the Data Protection Act. It must record the following:~~ ~~- Date and time of accident or occurrence~~ ~~- Full name and address of the person involved and the injury or condition suffered~~ ~~- Where the accident or occurrence happened~~ ~~- A brief description of the circumstances~~ ~~- In the case of a reportable disease;~~ ~~• The date of diagnosis~~ ~~• The occupation of the person concerned and the name or nature of the disease~~ ~~Records should be removed and stored securely and information kept for at least three years.~~	
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: http://www.hse.gov.uk/pubns/indg453.pdf~~Managers or first aid appointees can explain how they should report under RIDDOR and the criteria to look for. Online reporting under RIDDOR is available here: http://bit.ly/1DPy0qc~~	
15.1.33	The practice must have a policy for how they segregate, store and dispose of all forms of waste.	Team training: - Team members should be able to describe how they handle different forms of waste Storage:	Contract with waste contractor and waste policy.

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		-Adequate waste receptacles should be used to allow immediate disposal of hazardous items -Full containers should be stored in hygienic conditions and be clearly identified -Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor Assessors will ask to see evidence of: -The current waste audit should be available -A contract with a permitted waste contractor(s) -Policies and practice to segregate and label waste into appropriate streams and to store it hygienically -Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales -Waste transfer notes (which should be stored for two years) 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: http://bit.ly/1WfH1P6. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information. ~~The current waste audit should be available and team members should be able to describe how they handle different forms of waste.~~	Waste consignment notes.

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		~~Adequate waste receptacles should be used to allow immediate disposal of hazardous items. Full containers should be stored in hygienic conditions and be clearly identified.~~ ~~Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.~~ ~~Assessors will ask to see evidence of:~~ ~~- A contract with a permitted waste contractor(s)~~ ~~- Policies and practice to segregate waste into appropriate streams and to store it hygienically~~ ~~- Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales~~ ~~- Waste transfer notes (which should be stored for two years)~~ ~~For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: http://bit.ly/1WfH1P6. However, local variations exist and practices should consult the Environment Agency or their own local waste management authority for information.~~ ~~Non-hazardous (non-special) waste must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.~~	

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15.1.34	Lifting equipment is suitable for purpose and regularly inspected.	Team members can describe safety procedures in use and how inspection is carried out. The practice must be aware of The Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the regulations prior to use and thereafter have the equipment inspected regularly. ~~The regulations require that lifting equipment is:~~ ~~- Sufficiently strong, stable and suitable for its intended use~~ ~~- Positioned or installed to prevent risk of injury~~ ~~- Visibly marked with appropriate information for safe use~~ ~~- That lifting operations are planned and supervised and carried out by competent operators~~ ~~Lifting equipment should be examined prior to first use and thereafter inspected regularly in accordance with recommendations of a competent person who shall issue a certificate of inspection and report of any action required. An example of equipment covered by the regulations is overhead gantry cranes for lifting anaesthetised horses.~~	
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.	Cylinders should be stored according to the following requirements: -Must be stored under cover, preferably outside -Adequate ventilation is required	Risk assessment for storage and transport / movement of

		-They should be clean, dry and protected from extremes of temperature -Secured to prevent falling or misuse (either horizontal racks or > E size vertical with holder) -Sited away from any sources of heat or ignition -Different types of gas should be separated within the store A trolley is recommended for any movement within the practice. 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. 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. All personnel handling compressed medical oxygen cylinders should have adequate knowledge of: -The properties of the gas used -The correct operating procedures for the cylinder -Precautions and actions to be taken in the event of an emergency	medical gas cylinders. Evidence of team training. SOP / practice guidelines relating to storage, handling and maintenance and safe use of medical gases.
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.	Control measures should include: -Protective clothing - • Eye protection specific to the equipment used	Risk assessment (including an exposure limit value).

		• Gloves and coveralls (surgical lasers only) -A designated treatment room / area (laser controlled area). This should have - • Restricted access • Clear signage • Blinds on windows and door portholes -Means to prevent nearby workers and third parties being injured by the AOR. -Provision of medical examination if workers are over exposed. It may be helpful to appoint a Laser Protection Supervisor. A log of AOR usage is recommended.	Evidence of review of risk assessment (to ensure all necessary controls are in place). Training records for all team members involved in the procedure. Procedure / SOP for AOR use (specific to the clinic).
15.1.38	The practice must assess whether or not it is in a radon affected area.	This is required for all practices, regardless of whether or not diagnostic imaging is used. 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 (above the UK Action Level of 200 Bq m^{-3}), remedial action should be taken.	

		See the Public Health England (PHE) UKradon website for further information and to request a radon address search: https://www.ukradon.org.	
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.	Mental health is explicitly addressed within practice policies e.g. H&S, Sickness and Absence etc. Information about mental health support is made available to all team members e.g. posters, intranet, employee handbook, flyers etc. Team members are encouraged to use their annual leave entitlements. Examples of measures to achieve this include (but are not limited to): limiting the amount of annual leave that can be carried over each year; procedures being in place to ensure that annual leave is fairly allocated, or an annual leave policy being in place. 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. Team members can describe the measures in place to support them at work in the event of a mental health issue. 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). 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. The practice is compliant with the Equality Act and makes reasonable adjustments for individuals with a mental health	

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		condition. See the Government's guidance on the Equality Act: https://www.gov.uk/guidance/equality-act-2010-guidance. The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), NHS, vetlife (https://www.vetlife.org.uk/), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (https://www.vetmindmatters.org/).	

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Module 15: Practice Team

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
15.2.1	The practice has an agreed team development policy which is communicated to the team.	Team members can describe how they access development activities appropriate to them. As part of this, at least one member of the practice team should undertake one day of mental health awareness training. This applies to all team members, not just the clinical team.	
15.2.2	All clinical team members are able to access reference materials appropriate to their role and activities in the practice.	Team members can explain how they use resource materials to keep up-to-date and can rapidly access essential current information for any clinical situation that may arise.	
15.2.3	The practice has a structured procedure for the induction of new team members which is appropriate to the role.	Some form of checklist or structured programme will be expected and team members will be able to explain how the induction procedure is carried out and over what time period. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor.	Evidence of induction procedures.

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		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.	
15.2.4	Team members' appraisals are performed.	This must be at least once yearly but can be more frequent.	Evidence of appraisals.
15.2.5	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	Mental health and wellbeing is embedded in induction training for new starters.		
15.2.7	The practice displays information and resources on mental health and wellbeing e.g. Samaritans, Mind Matters, Vetlife.		
15.2.8	The practice has a written policy on physical and mental health and wellbeing which is made available to all team members.		

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15.2.9	The practice offers a phased return to team members who have been on long-term sick leave.		
15.2.10	Line managers should also 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. 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: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. Managers can describe where they would seek additional advice and guidance on issues around mental health. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), HSE (https://www.hse.gov.uk/stress/assets/docs/manage-mental-health.pdf), and the RCVS Mind Matters Initiative Managers' training.	

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15.2.11	The practice has a sustainability policy.	This should include a recycling and waste reduction plan.	

Module 15: Practice Team

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
15.3.1	A one-year CPD plan must be provided for the hospital team.	The CPD plan should address the CPD needs of the practice team as a whole rather than of individuals.	Copy of CPD plan.
15.3.2	The hospital must have at least two team members with a post-graduate qualification with an equine component. One of the post-graduate qualifications must have an equine surgery component.		

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Module 15: Practice Team

Award Points

This module contributes towards the Award in Team and Professional Responsibility; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
15.5.1	At least one current member of the practice team has undertaken training in professional ethics in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~This might include an external course, webinar, online resources or documented self-study.~~ Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	CPD records or access to online CPD records.	20
15.5.2	At least one current member of the practice team has undertaken training in animal welfare in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.	CPD records or access to online CPD records.	20

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			~~This might include an external course, webinar, online resources or documented self-study.~~ Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.		
15.5.3	At least one current member of the practice team has undertaken training in communications in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. ~~This might include an external course, webinar, online resources or documented self-study.~~ Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	CPD records or access to online CPD records.	20
15.5.4	CPD and development activity is evaluated and planned by the practice team.	Helps employees identify areas for development and supports appropriate employee development opportunities.	Assessors will expect to see a plan and evaluations.	CPD plan.	10
15.5.5	CPD and development activity is evaluated by the individual.	The team member takes the initiative to learn new skills that would benefit	Assessors may ask to see evaluations and discuss how they changed what they did as a result.	CPD evaluations.	20

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		the position and operational objectives.			
15.5.6	CPD and development activity is communicated to the rest of the team and information shared.		Assessors may ask to see evidence of information being shared e.g. meeting minutes or emails. There are changes in practice made as a result.		20
15.5.7	CPD is recorded online on the RCVS Professional Development Record.		The applies to all veterinary surgeons and RVNs.	Access to online CPD records.	20
15.5.8	New graduates completing their PDP are supported with regular development reviews with a named member of the practice team.	New graduates can describe how their mentor and the practice has supported them in their first year.			10
15.5.9	Role responsibilities and day-to-day duties are reviewed regularly with input from the team member.	This should be supported with recorded role responsibilities and evidence of review.	A role description exists to define the role of the employee within the practice, their areas of responsibility and a clear understanding of their day-to-day duties.	Copies of role responsibilities.	20
15.5.10	Role responsibilities are communicated to the rest of the team.	Team members are able to describe the different roles and responsibilities of their colleagues and their own contribution to the overall functioning of the practice.	It may be useful to support this with a written list of responsibilities.	Copies of role responsibilities.	10

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15.5.11	Team members are supported with regular reviews to plan their training needs.	Team members have action plans for their development which are recorded and reviewed.	It is expected that this occurs as appropriate to the individual but at least annually.	Action plans and reviews.	20
15.5.12	Structured feedback for performance review is based on competencies and behaviours.	Team members can describe how they use documentation to ensure feedback is behaviour based and objective.		Structured performance reviews and feedback.	10
15.5.13	360 degree structured feedback is used.	Team members can describe how they give constructive feedback to colleagues.			10
15.5.14	Individuals have access to a range of suitable resources including the internet for research and communication for work purposes.		This could include access to a library, journals or databases. See RCVS Knowledge to learn more about the Library and Information Services, providing comprehensive resources and journal access for veterinary practitioners: http://bit.ly/2GWMfQj		10
15.5.15	Membership of professional and representative associations is encouraged and supported appropriate to the practices need.	Individuals can explain how membership of associations has assisted and informed their activities.	Assessors may ask for evidence of individuals' membership of professional bodies.	List of professional memberships.	30
15.5.16	The induction programme is tailored to the individual team member and supported by coaching and mentoring.	Individual team members can describe how they have been supported through their induction programme	Assessors may ask to see evidence of a documented induction process and speak to members of the team.		40

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		and how this has helped them integrate into the team.			

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15.5.17	A protocol is in place to address the management of conflict and bullying in the workplace.	Team members can describe a zero tolerance approach to bullying and harassment in their workplace and know how to recognise and report such behaviours.	This should include a written policy explicitly stating that the workplace has a zero tolerance approach to bullying and harassment.	Protocol on managing conflict and bullying.	10
15.5.18	The practice has a policy for dealing with workplace stress.	Team members can explain the causes of stress in their workplace and the steps taken by their employer to address these.	This could include compassionate leave benefits, dealing with requests for flexible working hours and publicising access to VetLife. Guidance on workplace stress in a veterinary context can be found at: http://bit.ly/2A7cvlA.	Protocol on managing workplace stress.	30
15.5.19	The practice has a policy for dealing with substance and alcohol abuse.		This should include publicising access to VetLife and other resources.	Protocol on dealing with substance and alcohol abuse.	30
15.5.20	There are regular practice meeting where all team members are encouraged to contribute items to the agenda and participate during the meeting.	Open and frank discussions with no barriers to feedback.	Assessors will ask to see the minutes of the previous meeting and a schedule of future meetings involving all departments in the practice (expected to be at least quarterly). A general meeting of the whole team should occur at least annually.	Minutes of last full team meeting.	40
15.5.21	The practice has a mission statement and the practice team understand their		Assessors will speak to team members to ascertain their understanding.		10

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	contribution to it. ~~The team members understand the aims and objectives of the business to a level appropriate to their role.~~				
15.5.22	Communication of business performance to the team.	A holistic approach to performance measurement is encouraged in which financial measures are only one component.	This enables team members to understand how their roles contribute to the overall business performance.		10
15.5.23	All team leaders have received training in risk assessment and are able to show how they use risk assessment in their day to day work.	Team members can describe how they approach a new task that requires risk assessment and where to seek advice if necessary.	Guidance can be found on the HSE's website: http://bit.ly/1EMsULP	Risk assessment training records.	10
15.5.24	There are specific risk assessments undertaken for routine/common procedures performed in live horses taking account of the BEVA guidance on managing equine risks.		The BEVA guidance on managing equine risk is available via: http://bit.ly/2fiXtk4		20
15.5.25	Accident records are regularly reviewed and action taken.	A proactive approach to risk management is encouraged.	Managers or team members can describe how accident records have led to review and give examples of changes made as a result of that review.	Accident records.	10
15.5.26	The practice has a disaster recovery plan.		For example fire or flood. This should include a list of emergency numbers, a plan for the containment of patients	Disaster recovery plan.	20

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			and continuation of essential care and a business continuation plan.		
15.5.27	The practice maintains equipment, premises and standard procedure information in an organised and accessible form.		Team members can describe how they can access equipment manuals and standard procedures relevant to their role.		10

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15.5.28	The practice has clear personal security policies in place and has communicated these to team members.	Team members can describe the security measures in place to enable safe working at all hours and in all areas.	Would include physical security such as locks, lighting, surveillance, panic alarms as required, and systems, checks and rules on lone working, training on dealing with difficult situations and aggressive animals.	Risk assessments for lone working, animal handling.	10
15.5.29	The practice has a system in place to ensure the safety and security of team members working alone.		The team members are aware of the practices lone worker policy. This might include vehicle trackers or a telephone backup system.		20
15.5.30	The practice has a policy of accepting students for EMS and actively encourages this activity.		There will be evidence of the practice providing: - Objectives - Training - Feedback		20
15.5.31	The practice has an induction and integration policy for EMS students.			Induction procedure for EMS students.	10
15.5.32	The practice is approved for RVN training.		Practices would be expected to have at least one student veterinary nurse in training within the previous 12 months.~~Practices would be expected to have at least one student in current training.~~		3~~2~~0
15.5.33	The practice plays an active role in the local community.		For example school visits, charity events and agricultural shows.		10

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Annex E – Equine edits (with tracked changes)

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15.5.34	The practice takes placement students.		For example work experience pupils from local schools or college students on animal care courses.		10
15.5.35	The practice holds detailed records of sickness absence, which include recording of work-related illness or injury, and these are held and used to analyse causes for absence.				20
15.5.36	The practice has written policies on suicide prevention and postvention.				10
15.5.37	The practice has a defibrillator / automated external defibrillator (AED) for emergency use by employees and clients.				10
15.5.38	The practice has a policy for cases of suspected animal abuse.		Members of the team should be aware of animal abuse and the potential link to human abuse. Training materials are available from the Links Group and through the Links Veterinary Training Initiative: http://thelinksgroup.org.uk/. See chapter 14 of the supporting guidance for the *Code of Professional Conduct* for further information and advice on the responsibilities of veterinary surgeons and veterinary nurses in recognising and reporting		10

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			animal and human abuse: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/client-confidentiality/.		
15.5.39	All team members with line management responsibility have undertaken at least one day of mental health awareness training.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.		30
15.5.40	At least one member of the practice team has undertaken some training in inclusion and diversity.				20
15.5.41	A buddy system is in place for all new team members.				20
15.5.42	The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing via a systematic gathering process.	A consistent and systematic approach to gathering feedback.	One way to approach this could be by completing the SPVS / RCVS Vet Wellbeing Awards application process. See the Vet Wellbeing Awards website for information on the application process, and for further guidance on improving wellbeing within the practice: https://vetwellbeingawards.org.uk/.	Analysis of feedback and actions.	10

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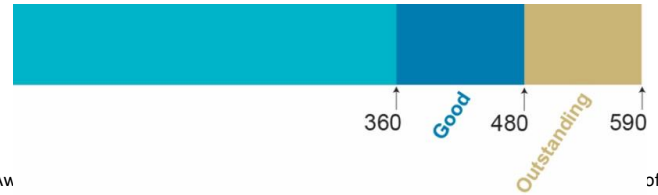
			Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs		
15.5.43	The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing and there is evidence that the practice acts upon such feedback.	Evidence that analysis is done to determine any required action.	Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs	Analysis of feedback and actions.	30
15.5.44	The practice can demonstrate evidence of waste reduction.		Examples of this could include the practice tracking and measuring its landfill waste, as well as its recycling waste.	Comparison of yearly landfill waste reduction.	10
			TOTAL POINTS AVAILABLE:		~~590~~770
			OUTSTANDING:		~~480~~620
			GOOD:		~~360~~450



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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.	

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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.	

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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.	There are minimum requirements for team welfare relating to: -Provision of sanitary conveniences -Facilities to wash -Facilities to store clothing See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm Public and team members can share toilet facilities. ~~Public and team members can share toilet facilities. Applicable legislation should be observed.~~	
16.1.12	Team members' refreshments must not be prepared in clinical areas.	There are minimum requirements for team welfare relating to: -Facilities to rest and eat food See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm	

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Module 16: Premises

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
16.2.1	Food preparation, storage and washing up facilities for team members must be separate from clinical areas. Team members' rest areas must be separate from clinical areas.	The necessity for separate facilities however will be considered in light of the size of the practice. For example, if there were ~~less than five~~three or less members of staff at a practice then they would not need to meet the additional requirements in order to achieve GP accreditation. This must be in place by 2025.	
16.2.2	The area immediately surrounding the premises must be maintained in a clean and tidy state.	Team members are aware of the need to provide a hygienic and tidy area. This includes practice signage.	
16.2.3	Reception facilities must be provided which are easily accessible to clients and team members as appropriate.	Reception desk could have a low area to cater for clients with specific needs. An SOP should be in place to ensure clients can easily access reception facilities.	

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Module 16: Premises

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
16.3.1	The premises must be suitably designed and constructed.	Consideration must be given to infection control and procedures undertaken.	
16.3.2	Adequate temperature regulation must be available for the comfort of team members and the efficient functioning of equipment.	Heating may be required so that the ambient temperature can be maintained above 18 degrees centigrade in the working area of the building. In addition, cooling may be required to avoid working temperatures exceeding 26 degrees centigrade. Maximum/minimum thermometers must be provided and records kept.	Temperature records.
16.3.3	Emergency lighting must be provided to allow the hospital to continue to function in the event of a power cut or electrical failure.	Background emergency lighting is adequate for general areas (see Surgery Module for theatre lighting).	

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Module 16: Premises

Award Points

There are no Award points in this module.

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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.		

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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.		

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Module 17: Surgery

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
17.2.1	Sterile packs for surgery must be available at all times. There must be a practice policy on sterilisation of instruments.	Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.	Practice policy on sterilisation of instruments.
17.2.2	Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the technique.	Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.	Practice policy on sterilisation of instruments.
17.2.3	A means of displaying relevant diagnostic images must be available in the surgical area.	~~This could include portable devices.~~ A laptop, mobile X-ray viewer, digital display screen or hard copy showing real size images would be acceptable.	
17.2.4	Sterile gowns and a range of sizes of sterile gloves ~~Sterile gloves and gowns~~ must be available and used where appropriate.	Maintenance of asepsis would normally require surgical gloves to be worn. 'Where appropriate' means during major surgical procedures and when entering a body cavity. Latex free gloves should be available as required.	

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17.2.5	If surgery is being performed indoors (either on the practice site or elsewhere), there is a written protocol for the maintenance of a surgically clean environment and evidence it is carried out.	This should include regular deep cleaning of the operating theatre. This excludes short surgical procedures carried out in the field.	Written protocol for the maintenance of a surgically clean environment.
17.2.6	Where surgical site infections have not responded to appropriate antibiotic usage, bacteriology is routinely performed and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).		

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Module 17: Surgery

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.

Point	Requirements	Guidance notes	Documents
17.3.1	A preparation room must be provided separate from the operating theatre for the pre-operative preparation of surgical patients.		
17.3.2	"Scrubbing up" facilities that are adequately screened from the operating table must be provided, with taps that can be operated by the person scrubbing up without breaking sanitisation of scrubbed hands ~~with suitable elbow, foot or electric eye operated taps, which are adequately screened from the operating table~~.		
17.3.3	At least one operating theatre of adequate size must be provided and used only for the conduct of surgical operations.		
17.3.4	Orthopaedic operations must be performed as the only procedure in theatre at any one time.		

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17.3.5	The theatre must be designed and laid out to ensure sterility and facilitate cleaning.	This might include flat cupboard door fronts.	
17.3.6	Electrosurgery and suction must be available for surgical use.		
17.3.7	There must be a high standard of asepsis.	Closed gloving, gowns, hats, masks and dedicated footwear must be used during aseptic procedures. All those present in theatre must wear scrub suits and hats in theatre. No outdoor shoes or clothing are allowed. Consideration must be given to the order in which procedures are undertaken, with those most likely to introduce contamination being done last.	
17.3.8	Lighting suitable for the accurate illumination of surgical sites on the patient must continue to function in the event of a loss of power.	An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Surgical/medical quality head torches are acceptable as a source of light during interrupted power though they need to be immediately available and charged, and an SOP for their use available.	
17.3.9	Suitable surgical instruments must be available for the range of surgical procedures undertaken.		

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17.3.10	Bacteriology is routinely performed in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).		

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Module 17: Surgery

Award Points

This module contributes towards the Award in In-patients Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
17.5.1	Surgery CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of surgery CPD.	10
17.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) in equine surgery and there is evidence of dissemination to the rest of the team.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

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17.5.3	At least one MRCVS has a post-graduate qualification in equine surgery and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in equine surgery.	This includes AP status or an old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification.	30
17.5.4	A separate area for the preparation of patients is provided.		This could be a loose box or covered area, but must be separate from the operating area.		20
17.5.5	Immediately before surgery a check is performed on patient ID and the procedure to be performed including anatomical location.		Assessors will ask to see surgery protocols or checklists.	Protocol or checklist.	50
17.5.6	Surgical assistants (where used) are RVNs, REVNs, SVNs, veterinary surgeons or veterinary students.				30
17.5.7	Single use suture material packs are used routinely.				10

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Annex E – Equine edits (with tracked changes)

17.5.8	A range of single use surgical drapes appropriate to the surgery undertaken are available.				20
17.5.9	A mechanical means of suspending extremities is available.		This is to enable the preparation and maintenance of a sterile field encompassing the entire limb.		30
17.5.10	Surgical sites are prepared using clippers fitted with an appropriate blade.				30
17.5.11	Clippers and blades are cleaned and maintained appropriately.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	Training records.	20
17.5.12	Sterile, disposable scrubbing brushes are used or a recognised brushless system is used.				10

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17.5.13	Team members have been adequately trained in cleaning, maintenance, sterilising and troubleshooting of instruments e.g. ultrasonic cleaning, lubrication and sharpening.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	Training records.	30
17.5.14	Surgical packs initialled and dated by the person packing them and labelled for contents where required.				10
~~17.5.15~~	~~There is a method of administering intravenous fluids in the surgical area.~~		~~This might include suspended bags or mechanical pump.~~		~~10~~
17.5.16	Recording systems are in place that include all team members involved and location for each procedure.		This information could be combined with an anaesthetic record. This enables auditing of post-operative complications.	Record of all surgical procedures.	10
17.5.17	Team members and/or observers involved in sterile surgical procedures are attired appropriately.		Appropriate PPE must be worn e.g. sturdy footwear.	Protocol for surgical attire.	30

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17.5.18	Standards are in place to maintain the sterile field throughout the whole procedure.		Team members must be familiar with standard aseptic protocols. This can include non-touch techniques.	Aseptic protocol.	30
17.5.19	Any jewellery which may cause a potential breach of the sterile field is removed prior to entering the surgical area.		All team members are clear about required attire and comply with the rules.	Protocol for surgical attire.	10
17.5.20	"Scrubbing up" facilities are available, with taps that can be operated by the person scrubbing up without breaking sanitisation of scrubbed hands. ~~Scrubbing up facilities are available with suitable elbow, foot or electric eye operated taps.~~				30
17.5.21	Electrosurgery is available and used appropriately.		Monopolar or bipolar electrosurgery are acceptable, but thermocautery is not. Appropriate use includes training of team members in: use, cleaning and maintenance.		10

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17.5.22	Suction apparatus is available and used appropriately.		Appropriate use includes training of team members in: use, cleaning and maintenance.		10
17.5.23	Where CO_2, YAG and/or diode lasers are used for surgery there is evidence of adequate training in their use, including health and safety.		Appropriate use includes training of team members in: use, cleaning and maintenance.		10
17.5.24	The practice has a protocol for the follow up of all surgical cases.			Protocol for surgical case follow up.	40
17.5.25	Clients are provided with detailed written instructions on post-operative management.	Clients are kept well informed.	At discharge animals should leave with appropriate information for post-operative care provision by the client.	Post-op management instructions.	40
17.5.26	There is a dedicated separate scrub sink.				30
17.5.27	Laparoscopic equipment is available and used appropriately.		Appropriate use includes training of team members in: use, cleaning and maintenance.		20
17.5.28	Arthroscopic equipment is available and used appropriately.		Appropriate use includes training of team member in: use, cleaning and maintenance.		20

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17.5.29	Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.		This lighting must continue to function in the event of a loss of power. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Surgical/medical quality head torches are acceptable as a source of light during interrupted power though they need to be immediately available and charged, and an SOP for their use available.		20
17.5.30	Appropriate communication is held with the owner/keeper, prior to surgery, explaining the potential risks and complications of the procedure.		This may be evidenced by an entry on the client record or a signed consent form including these details.	Consent forms or records.	30
17.5.31	There is a check system to prevent loss of surgical equipment in the patient.		This should include gauze swabs.		20
17.5.32	The practice has a purpose built surgical table that can be tilted and has appropriate leg supports.				20
17.5.33	The practice has facilities for standing surgery including the maintenance of sterile surgical field.				20

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17.5.34	The practice carries out an audit of post-operative complications for commonly performed procedures.	Open, honest evaluations with clear actions and no barriers to feedback.	This should include an audit of surgical site infections.	Audit reports.	20
17.5.35	Surgical laser is available and used appropriately.				10
17.5.36	The practice routinely uses safe surgery surgical checklists.		Further information and a case study on implementing checklists can be found on the RCVS Knowledge website: https://knowledge.rcvs.org.uk/quality-improvement/tools-and-resources/checklists/		30
17.5.37	The practice participates in benchmarking exercises.		For example, the International Colic Surgery Audit (https://www.internationalcolicaudit.com/).		10
17.5.38	Bacteriology is routinely performed in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).				20
			TOTAL POINTS AVAILABLE:		~~750~~810
			OUTSTANDING:		~~600~~650

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Annex E – Equine edits (with tracked changes)

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Annex E – Equine edits (with tracked changes)

Annex E – Equine edits (with tracked changes)

Point/page number	Changes and additions
1.1.4	Requirement wording amended from 'Only a veterinary surgeon may administer general anaesthesia' to 'Only a veterinary surgeon can administer general anaesthesia if the induction dose is either incremental or to effect.' Guidance notes removed.
1.1.6	Requirement added – A record must be kept of every anaesthesia procedure performed.
1.1.7	Requirement added – 'Local and regional anaesthetic techniques are used as appropriate.'
1.1.8	Requirement added – '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.' Guidance notes '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	Requirement added – 'A second suitably trained person other than the surgeon must be in attendance for the specific purpose of monitoring the patient and maintaining anaesthesia (exceptions include emergency field anaesthesia, or very short procedures e.g. colt castrate).' Guidance notes 'Monitoring a patient during anaesthesia and the recovery period is the responsibility of the veterinary surgeon, but may be carried out 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. Evidence of suitable training must be provided if the team member is not a veterinary surgeon or 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.'
1.2.1	Requirement deleted.
1.2.2	Requirement wording amended from 'Anaesthesia expected to last more than an hour must be adequately monitored by an MRCVS and must include monitoring by direct arterial blood pressure measurement and ECG.' to 'Anaesthesia expected to last more than an hour must be adequately monitored by a second veterinary surgeon, other than the surgeon, and must include monitoring by direct arterial blood pressure measurement and ECG.' Guidance notes amended from 'It would normally be expected that procedures requiring anaesthesia lasting over an hour should be undertaken in a dedicated room and on a padded surgery table. Exceptions include emergency field anaesthesia e.g. rescue anaesthesia with emergency services.' to 'It would normally be expected that procedures requiring anaesthesia lasting over an hour should be undertaken in a dedicated room and on a padded surgery table.'
1.2.3	Guidance notes amended from 'The charts must include: - Date - Personnel involved - Induction agent - Maintenance agent - Duration of anaesthetic - Surgical procedure - Any anaesthetic complications - Vital signs - Other medication administered - Quality of recovery'

	to 'The charts must include: - Date - Personnel involved - Induction agent (dose and time) - Maintenance agent (dose and time) - Duration of anaesthetic - Surgical procedure - Any anaesthetic complications - Vital signs - Other medication administered (dose and time) - Quality of recovery This includes sedation.'
1.2.4	Requirement wording amended from 'There must be adequate facilities for the induction, maintenance and recovery from general anaesthesia, which may be performed in the field or at the practice premises.' to 'There must be adequate facilities for the induction, maintenance and recovery from general anaesthesia, whether in the field or at the practice premises.'
1.2.6	Added to guidance notes '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.'
1.2.7	Requirement added – 'There must be an SOP for dealing with anaesthetic emergencies.'
1.2.8	Requirement moved from 1.3.4. Requirement wording amended from 'Anaesthetic circuits suitable for all sizes of patients (e.g. foals and miniature horses) must be available.' to 'If gaseous anaesthesia is used, anaesthetic circuits (including a range of endotracheal tubes) suitable for all sizes of patients (e.g. foals and miniature horses) must be available.'
1.2.9	Requirement added – 'There is an SOP outlining how anaesthetic pollutants are reduced during anaesthetic procedures.' Guidance notes 'This should include: - Ensuring active scavenging system is switched on (if present) - Flushing of circuits - Location of recovering patients and ventilation of area - Warning signs when using open masking'
1.3.4	Requirement moved to 1.2.9 and wording amended.
1.3.8	Guidance notes amended from 'This includes after the horse has returned to its stable.' to 'This should be up to and including return of the horse to its stable.'
1.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
1.5.5	Requirement deleted.
1.5.6	Requirement wording amended from 'Endotracheal tubes and breathing systems must be cleaned and stored appropriately.' to 'Endotracheal tubes and breathing systems must be cleaned after every use and stored appropriately.' Added to guidance notes 'An SOP is available for cleaning and its use is regularly audited.'
1.5.17	Requirement deleted.
1.5.19	Award points amended from 20 to 10.
1.5.30	Requirement wording amended from 'A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered from anaesthesia.' to 'A vet or RVN is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered from anaesthesia.' Guidance notes amended from 'This includes after the horse has returned to its stable.' to 'This should be up to and including return of the horse to its stable.'
1.5.35	Requirement added – 'Body temperature is monitored at appropriate intervals.' Award points 10.

1.5.36	Requirement added – 'Steps are taken to maintain normal body temperature.' Award points 20.
1.5.37	Requirement added – 'There are facilities for assisted recoveries and training is provided to team members.' Guidance notes 'Facilities should include a rope recovery system.' Award points 20.
1.5.38	Requirement added – 'CCTV monitoring of the recovery area is in place and used.' Award points 20.
1.5.39	Requirement added – 'Local anaesthetic techniques are regularly employed to augment general anaesthesia.' Award points 10.
1.5.40	Requirement added – 'Epidural aneasthesia is performed on appropriate cases.' Guidance notes 'Assessors will expect to see evidence from case records.' Award points 20.
1.5.41	Requirement added – 'There are facilities for performing standing surgeries.' Guidance notes 'Facilities should include appropriate restraints. There should be a protocol in place for their use.' Award points 10.
1.5.42	Requirement added – 'Constant Rate Infusion (CRI) of sedation drugs during standing surgery is used.' Guidance notes 'Evidence should be provided through clinical records.' Award points 20.
2.1.1	Guidance notes amended from '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. Clinical effectiveness measures how well a particular procedure achieves the desired outcome. For practices to be clinically effective they need access to the best available evidence in order to discuss and draw up protocols, and monitor how effective they are by clinical audit and significant event reviews. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the *RCVS Code of Professional Conduct*: http://bit.ly/1TujSJR. Evidence-based veterinary medicine is a key focus of RCVS Knowledge; http://bit.ly/1MpqQeS. Further information on Clinical Governance can be found on the RCVS Knowledge's website: http://bit.ly/2EiJy6b. There is a useful practical guide on the BSAVA website: http://bit.ly/1J1wc99. Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.' to '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. 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. Evidence-based veterinary medicine is a key focus of RCVS Knowledge; www.rcvsknowledge.org/evidence-based-veterinary-medicine. Further information on Clinical Governance can be found on the RCVS Knowledge's website: www.rcvsknowledge.org/quality-improvement. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the RCVS Code of Professional Conduct: http://bit.ly/1TujSJR. 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. Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.'
2.1.2	Guidance notes amended from 'Assessors will expect to see records of recent referrals or of case discussions where referral was recommended. 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: http://bit.ly/2rXiaHs' to 'There should be protocols for referral that are regularly reviewed and known to all the practice team. Assessors will expect to see records of recent referrals or of case discussions with referral practices. 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: http://bit.ly/2rXiaHs.'
2.1.3	Requirement moved from 2.5.7. Requirement wording amended from 'There is a system for updating team members on the use of all new equipment, procedures and new medicines used

	in the practice.' to 'There is a system for updating relevant team members on the use of all new equipment, procedures and new medicines used in the practice.'
2.2.1	Requirement wording amended from 'The practice must have a system in place for monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.' to 'The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.' Guidance notes amended from '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 governance2. A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's Tool and Resources page: http://bit.ly/1ZFWo56.' to '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: www.rcvsknowledge.org/quality-improvement.' Documents amended from 'Written evidence of regular clinical meetings, journal clubs or clinical protocols and guidelines.' to 'Written evidence of continual improvement, regular clinical meetings, journal clubs or clinical protocols and guidelines.'
2.2.2	Requirement added – 'There is evidence of either clinical audit (process or outcome), significant event audit, or M&M meetings.' Guidance notes 'The practice must engage with at least one of these.'
2.2.3	Requirement added – 'There is evidence of development of practice guidelines and protocols.'
2.2.4	Requirement moved from 2.5.6. Wording amended from 'Copies of clinical protocols/guidelines are available for new team members and locum induction.' to 'Where appropriate, copies of clinical protocols/guidelines are available for new team members and locum induction.' Guidance notes 'Consistent information is provided to all new team members. Evidence of induction records and training.' Documents 'Induction and training records.'
2.3.1	Requirement wording amended from 'Regular morbidity and mortality meetings must be held to discuss the outcome of clinical cases. There are records of meetings and changes in procedures as a consequence.' to 'Regular morbidity and mortality meetings and significant event meetings must be held to discuss the outcome of clinical cases. There are records of meetings and changes in procedures as a consequence.' Documents amended from 'Minutes of meetings.' to 'Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement.'
2.3.2	Requirement wording amended from 'Clinical procedures carried out in the practice are audited and any changes implemented as a result.' to 'Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited.' Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Audit report.' to 'Audit report and recommendations with evidence of actions.'
2.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points amended from 10 to 20.
2.5.2	Requirement wording amended from 'At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance or equivalent.' to 'At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance.
2.5.3	Requirement wording amended from 'The practice has regular clinical meetings to which all clinical team members can input items for discussion.' to 'The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care.' Documents amended from 'Minutes of meetings' to 'Minutes of meetings

	and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement.'
2.5.4	Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Significant event reports or meeting minutes.' to 'Significant event reports and meeting minutes.'
2.5.5	Requirement wording amended from 'Clinical protocols / guidelines are drawn up and reviewed following team discussion considering the evidence base.' to 'Clinical protocols and guidelines are drawn up and reviewed following team discussion considering the evidence base.' Behaviours amended from 'The practice reviews best practice' to 'The practice reviews current evidence to inform local practise.' Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Clinical protocols.' To 'Clinical protocols or guidelines.'
2.5.6	Requirement moved to 2.2.4.
2.5.7	Requirement moved to 2.1.3.
2.5.8	Added to guidance notes 'Support in running journal clubs is provided through RCVS Knowledge Library https://knowledge.rcvs.org.uk/document-library/setting-up-and-running-a-journal-club-in-practice/.'
2.5.9	Requirement wording amended from 'There are protocols for referral that are regularly reviewed and known to all the practice team.' to 'Information learned from referral reports is shared with the clinical team.' Removed guidance notes 'Evidence of annual review. Referral reports are shared with the team.' Removed documents 'Referral protocol.'
2.5.10	Requirement wording amended from 'Clinical procedures carried out in the practice are audited and any changes implemented as a result.' to 'Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited.' Added to guidance notes '…This could be process or outcome audit.' Full link to RCVS Knowledge's Tools and Resources page added to guidance notes. Documents amended from 'Audit reports' to 'Audit reports and actions.'
2.5.11	Full link to RCVS Knowledge's Tools and Resources page added to guidance notes.
2.5.12	Guidance notes amended from 'This could include contributing data towards undergraduate projects.' to 'This could include contributing data towards undergraduate projects or clinical data to organised multicentre studies for potential publication (e.g. Veterinary Evidence (www.veterinaryevidence.org), vetAUDIT (www.vetaudit.co.uk) or VetCompass (www.rvc.ac.uk/vetcompass)).'
2.5.13	Requirement added – 'There is an organisational commitment to continual improvement.' Guidance notes 'This should be demonstrated at the practice level. Assessors will expect to see evidence of quality improvement activities.' Documents 'Practice continual quality improvement policy.' Award points 20.
2.5.14	Requirement added – 'Information from significant event meetings is shared with the profession in order to enable learning.' Guidance notes 'This could be shared within a practice group, via RCVS Knowledge's online forum (https://knowledge.rcvs.org.uk/document-library/case-study-form/), or via VetSafe (http://www.vds-vetsafe.co.uk/login/?ReturnUrl=%2F). Award points 10.
2.5.15	Requirement added – 'The practice contributes to the evidence base.' Guidance notes 'This could be by writing RCVS Knowledge summaries (https://www.veterinaryevidence.org/index.php/ve/about/submissions#authorGuidelines), research publications, or using BestBETS for Vets (https://bestbetsforvets.org/). Award points 10.'

2.5.16	Requirement added – 'There is a designated person in the practice responsible for overseeing clinical governance.' Award points 30.
2.5.17	Requirement moved from 10.5.8.
3.1.1	Guidance notes amended from 'The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business to include, for example: • Surgery opening times • Normal consulting hours operating times • Fee or charging structures • Procedures for second opinions and referrals • Use of client data • Access to and ownership of records - The practice's privacy policy notice to include, for example: • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so • The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) • The data subjects right to lodge a complaint with the Information Commissioners Office Evidence could include client information leaflets, newsletters, emails to clients and reminders. This information might be displayed on the website, provided to new clients and / or displayed in the surgery. In keeping with GDPR regulations, any electronic marketing communications presented or sent to the client should, however, only be 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 veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent. For further information please refer to: http://bit.ly/2rXiaHs' to 'The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business to include, for example: • Surgery opening times • Normal consulting hours operating times • Fee or charging structures

	• Procedures for second opinions and referrals • Use of client data • Access to and ownership of records - The practice's privacy policy notice to include, for example: • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so • The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) • The data subjects rights and any relevant information needed to lodge a complaint with the Information Commissioners Office 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. In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/). 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 veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent. For further information please refer to: http://bit.ly/2rXiaHs'
3.1.2	First paragraph of guidance notes moved to guidance notes for 3.1.1.
3.1.5	Requirement wording amended from 'Options are discussed regarding cremation, destination of ashes etc.' to 'There is a written protocol for cremation, destination of ashes etc.'
3.1.6	Requirement wording amended from 'Charges are discussed with clients.' to '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.' Added to guidance notes 'Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records. Practices should be aware of their obligations under GDPR when communicating with clients. For further information please refer to: http://bit.ly/2rXiaHs.'
3.2.2	Added to guidance notes 'Assessors will expect to speak to a cross-section of the team.'
3.2.3	Amended guidance notes from 'Pictures on notice boards, name badges, websites, newsletters.' to '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	Added to guidance notes 'More information about managing insurance claims can be found in the supporting guidance for the Code of Professional Conduct: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-

	surgeons/supporting-guidance/practice-information-and-fees/. There should be a written protocol for responding to insurance claims.'
3.2.5	Guidance notes amended from 'This should be in line with guidance provided by the VDS or similar organisation.' to 'This should be in line with guidance provided by the VDS or similar organisation and should include at least: - Details of who deals with complaints in the practice - How complaints are dealt with - Timescales for responding to clients about complaints'
3.2.7	Requirement moved from 3.5.18. Guidance notes amended from 'This might be demonstrated by client feedback.' to 'There should be a written protocol and evidence of training.'
3.5.1	Requirement wording amended from 'A member of the team has undertaken training in the last four years in communication and handling difficult situations and provided internal training to the team.' to 'A member of the team has undertaken training in the last four years in communication and handling difficult situations'. Removed from guidance notes 'Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' Award points amended from 20 to 10.
3.5.3	Added to guidance notes 'Information regarding parking facilities is available on the practice's website, social media and in new client packs.'
3.5.17	Guidance notes amended from 'This could include leaflets or websites such as Our Special Friends: http://bit.ly/1TwDXKm or The Pet Loss Vet: http://bit.ly/1gD0TL9. Suggestion to include emotional support for clients and team members.' to 'This could include leaflets or websites such as Our Special Friends: http://bit.ly/1TwDXKm or The Pet Loss Vet: http://bit.ly/1gD0TL9. Client information should include details of either a practice bereavement counsellor or a local bereavement counselling service. Suggestion to include emotional support for clients and team members.'
3.5.18	Requirement moved to 3.2.7.
3.5.22	Added to guidance notes 'Assessors will check that this is covered in the terms of business.'
3.5.24	Requirement wording amended from 'Practice tours and client awareness events are encouraged and available.' to 'Practice tours are encouraged and available.' Award points 10.
3.5.25	Requirement wording amended from 'Team members have received training on customer service within the last four years and provided internal training to the team.' to 'Team members have received training on customer service within the last four years.' Guidance notes amended from 'This does not have to be veterinary specific training. This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Evidence through team members training records that the knowledge gained from such a course has been disseminated to other staff members.' to 'This does not have to be veterinary specific training. This includes all members of the practice team, clinical and non-clinical. Within a 4 year period 50% of the team should have attended customer service training (internal or external). All new team members must attend customer service training within the initial 12 months of employment. This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Evidence that the knowledge gained from such a course has been disseminated to other staff members.' Award points amended from 30 to 10.
3.5.29	Added to guidance notes 'The practice considers clients' suggestions and implements where practical.'
3.5.30	Requirement wording amended from 'Team members understand PSS and communicate what accreditation means to clients.' to 'Team members understand PSS.' Award points amended from 40 to 30.
3.5.31	Requirement moved to 9.5.29.

3.5.32	Requirement moved to 9.5.30.
3.5.34	Requirement wording amended from 'There should be a culture of reviewing and learning from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.' to 'There should be a culture of whole team reviewing and learning together from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.' Behaviours wording amended from 'It should be evident in discussion that complaints are seen as a positive way to engage with clients. Practices that focus just on reducing or eliminating complaints do not understand the process.' to 'It should be evident in discussion that complaints are seen as a positive way to engage with clients.'
3.5.35	Requirement added – 'Team members can discuss what they have learnt from training in communication and handling difficult situations and what changes have been made to the practice as a result.' Guidance notes 'Evidence that the knowledge gained from training in communication and handling difficult situations has been disseminated to other staff members.' Award points 20.
3.5.36	Requirement added – 'The practice has a protocol for providing special assistance to clients when required.' Award points 10.
3.5.37	Requirement added – 'There is a written protocol for continuity where clinically applicable.' Award points 10.
3.5.38	Requirement added – 'The practice carries out client focus groups to monitor client perceptions and feedback.' Guidance notes 'This should be at least annually.' Award points 10.
3.5.39	Requirement added – 'There is evidence that the practice acts upon feedback from client focus groups.' Award points 10.
3.5.40	Requirement added – 'The practice has achieved a Net Promoter Score (NPS) of 80 or over in the pre-PSS assessment client questionnaire.' Award points 10.
3.5.41	Requirement added – 'Client awareness and education events are held by the practice.' Guidance notes 'A total of three events per year must be held, including at least one face to face.' Award points 30.
3.5.42	Requirement added – 'Team members have attended training in consultation skills.' Guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points 10.
3.5.43	Requirement added – 'The practice communicates to its clients what PSS means.' Guidance notes 'Information could be provided in client welcome packs, on the practice website or on waiting room displays.' Award points 20.
3.5.44	Requirement added – 'The PSS Communications Toolkit is used by the practice to promote its Accreditations and Awards.' Guidance notes 'Assessors will expect to see examples of where the toolkit has been used in social media, advertising etc.' Award points 20.
3.5.45	Requirement added – 'Team members have attended training in consultation skills.' Guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points 10.
3.5.46	Requirement added – 'Team members can discuss what they have learnt from training in consultation skills and what changes have been made as a result.' Award points 20.
3.5.47	Requirement moved from 10.5.1. Award points amended from 30 to 10.
4.1.4	Guidance notes amended from '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. If dentistry is routinely practiced on site, a range of angled and straight hand held rasps and a full mouth

	speculum must be available. Elevators and extractors suitable for wolf teeth and loose molar removal. Bright light (e.g. head torch) and dental mirrors are considered important equipment for equine dental exams, together with equipment for deciduous cap removal.' to '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. If dentistry is routinely practiced,a range of angled and straight hand held rasps and a full mouth speculum must be available. Elevators and extractors suitable for wolf teeth and loose molar removal. 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.'
4.1.5	Requirement added – 'When appropriate, the practice has the ability to use sedation under routine examination and rasping of equine dentition.' Guidance notes 'This is for patient and personnel safety, as well as increased quality of execution of the procedure.'
4.3.2	Requirement added – 'The practice must have stocks available for dental procedures.'
4.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
4.5.3	Removed from guidance notes 'This includes AP status or an old style Certificate.'
4.5.6	Guidance notes removed.
4.5.7	Guidance notes removed.
4.5.8	Guidance notes removed.
4.5.9	Guidance notes removed.
4.5.10	Guidance notes removed.
4.5.11	Guidance notes removed.
4.5.12	Guidance notes removed.
4.5.13	Guidance notes removed.
4.5.14	Guidance notes removed.
4.5.15	Guidance notes removed.
4.5.16	Guidance notes removed.
4.5.18	Requirement wording amended from 'The practice produces diagnostic quality dental images.' to 'The practice produces diagnostic quality radiographs or CT images.'
4.5.26	Requirement added – 'A veterinary surgeon has been specifically trained in minimally invasive dental extraction techniques and the practice has the appropriate equipment.' Guidance notes 'This requires specific equipment and evidence of training.' Documents 'Evidence of training.' Award points 10.
5.1.2	Added to guidance notes 'Practices must also notify the HSE if they exceed the radon threshold.'
5.1.4	Amended guidance notes from 'Assessors will ask to see the written appointment of one or more suitable RPSs. The RPS must command sufficient authority to supervise the work so that it is performed in accordance with the local rules and have an adequate understanding of the requirements of the Ionising Radiation Regulations. They must also know what to do in an emergency. HSE require any RPS to have had recent relevant radiation protection training. Assessors will expect to speak to the RPS(s) during the visit.' to 'Assessors will ask to see the written appointment of one or more suitable RPSs. 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. HSE require

	any RPS to have had recent relevant radiation protection training within the last 5 years. Assessors will expect to speak to the RPS(s) during the visit.'
5.1.6	Guidance notes amended from 'Local rules must be displayed in or near each X-ray room. They must contain: Name of RPS - Controlled area – when and where it exists - Dose investigation level - Contingency plan - Written arrangements - Duties of RPS - How entry to controlled area is restricted Optional: - Name, address and telephone number of RPA - Arrangements for maintenance of equipment - Dosimetry arrangements - Use, storage and inspection of Personal Protective Equipment (PPE) Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.' to 'Local rules must be displayed in or near each X-ray area. They must contain: Name of RPS - Controlled area – when and where it exists - Dose investigation level - Contingency plan - Written arrangements - Duties of RPS - How entry to controlled area is restricted Optional: - Name, address and telephone number of RPA - Arrangements for maintenance of equipment - Dosimetry arrangements - Use, storage and inspection of Personal Protective Equipment (PPE) Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.'
5.1.7	Added to guidance notes '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.'
5.1.8	Requirement wording amended from 'A copy of Guidance Notes for the Safe Use of Ionising Radiations in Veterinary Practice must be available to all members of the practice.' to '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.'
5.1.10	Guidance notes amended from 'When necessary, the practice must provide at least one protective apron, with a lead equivalence throughout of not less than 0.25mm, and, if animals are ever held, must provide hand and forearm protectors with a lead equivalence of not less than 0.5mm, sufficient for all personnel involved. When not in use, aprons should be stored and transported appropriately to avoid damage. Assessors will check team members' understanding of appropriate use. PPE may not be required where a practice confirms that: - Animals are never held and - Team members are in a shielded position and can remain shielded in accessing the isolation switch - The practice provides written confirmation from their RPA that the situation is acceptable. The risk assessment should be reviewed at least annually.' to '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. When not in use, aprons should be stored and transported appropriately to avoid damage. The practice should have agreed with their RPA whether or not lead glasses are needed for equine radiography. Assessors will check team members' understanding of appropriate use. The risk assessment should be reviewed at least annually.'
5.1.14	Added to guidance notes 'If wet processing is used, an SOP should be in place.'
5.1.16	Added to guidance notes 'Personal dose monitoring arrangements should include locum vets, nurses and horse owners.'
5.1.17	Added to guidance notes 'If manual restraint is used, this should be highlighted on the record.'
5.1.20	Requirement added – 'Written information sheets for owners holding horses in controlled areas must be provided, plus arrangements for dosimetry as agreed with the RPA.'
5.2.1	Added to guidance notes 'Digital images should be stored in DIACOM format so that they can be readily retrieved for examination or sending to another practice.'
5.2.2	Added to guidance notes 'The date and L/R marker should also be included.'
5.2.5	Added to guidance notes 'The assessor will expect to see evidence that an RPA (or representative) has visited and inspected the site. All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA.'
5.2.6	Requirement added – 'There is an SOP for radiography.'

5.2.7	Requirement moved from 5.3.7.
5.3.1	Requirement wording amended from 'The practice must be able to obtain diagnostic radiographs, in adult horses, of the head, the cervical and thoracic spine, the chest, the fore and hind limbs including shoulder, pelvis and stifle.' to 'The practice must be able to obtain diagnostic radiographs, in adult horses, of the head, the cervical and thoracic spine, the chest, the fore and hind limbs including shoulder and stifle.'
5.3.3	Requirement wording amended from 'ECG equipment producing a recordable trace suitable for taking measurements is provided.' to 'Telemetric ECG equipment producing a recordable trace suitable for taking measurements is provided.'
5.3.6	Added to guidance notes 'A suitable Radioactive Waste Adviser (RWA) must be appointed. It is usual for the RWA / RPA to be the same individual or from the same group.'
5.3.7	Requirement moved to 5.2.7.
5.3.10	Requirement wording amended from 'Diagnostic ultrasound will require sector and linear transducers with a frequency range of at least 2.5 to 10 MHz. A recording system for recording system must be available.' to 'Diagnostic ultrasound equipment suitable for musculoskeletal, thoracic, cardiac and abdominal imaging is available. This would be expected to include sector and linear transducers with a frequency range of at least 2.5 to 10 MHz. A recording system for recording system must be available.'
5.3.15	Requirement added – 'Video endoscopes must be available to allow diagnostic investigation of upper and lower airways, including guttural pouches, and there should be the ability to record images.'
5.3.16	Requirement added – 'The practice must have the ability to record ultrasound images.'
5.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
5.5.5	Requirement wording amended from 'Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners.' to 'Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners in DICOM format.' Guidance notes amended from 'Email, CDs, memory sticks etc. with images in Dicom or more easily accessed formats.' to 'Email, CDs, memory sticks etc. with images in DICOM format. If the diagnostic images contain personal data of the client, it is strongly advised that they are kept secured and password-protected when sending electronically.'
5.5.11	Requirement wording amended from 'Facilities are available for upper and lower airway endoscopy and there is a protocol for and evidence showing that it is used in practice.' to 'Facilities are available for upper and lower airway endoscopy including guttural pouches and there is a protocol for and evidence showing that it is used in practice.'
5.5.14	Awards points amended from 10 to 20.
5.5.26	Requirement added – 'Video endoscopes are available and used by the practice.' Award points 20.
5.5.27	Requirement added – 'The practice has access to advanced imaging facilities, such as MRI or CT scan, at the premises on a permanent basis.' Guidance notes 'These points will be gained in addition to 5.5.27.' Award points 20.
5.5.28	Requirement added – 'The practice has the ability to record ultrasound images.' Award points 10.
5.5.29	Requirement added – 'The practice has the ability to record endoscopy.' Award points 10.
5.5.30	Requirement added – 'Facilities are available for endoscopic examination of the lower urinary tract (urethra and urinary bladder) and there is a protocol for and evidence showing that it is used in practice.' Documents 'Case notes and good quality diagnostic images.' Award points 10.

5.5.31	Requirement added – 'Facilities are available for hysteroscopy (endoscopic examination of the uterus) and there is a protocol for and evidence showing that it is used in practice.' Documents 'Case notes and good quality diagnostic images.' Award points 20.
5.5.32	Requirement added – 'Facilities are available for telemetric ECG recording during exercise and there is a protocol for and evidence showing that it is used in practice.' Documents 'Case notes and ECG traces.' Award points 20.
6.1.3	Requirement wording amended from 'For autoclaves and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.' to 'For all autoclaves, and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.'
6.1.6	Requirement wording amended from 'Procedures must be in place to minimise cross-infection in clinical areas. Cleaning and disinfection materials must be readily available and used in all areas of the practice.' to '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.' Guidance notes amended from '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.' to 'Risk based disinfection of all areas must be done between patients. This can include floor, equipment and hand touch areas such as doors, door handles and keyboards. Risk based deep cleans should be carried out as required.' Documents amended from 'Cleaning and disinfection schedules for clinical areas.' to 'Cleaning and disinfection schedules for all areas.'
6.1.8	Guidance notes amended from 'The expectation is that each area will have its own washing facilities. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.' to 'The expectation is that each area will have its own hand washing facilities. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.'
6.1.10	Guidance notes added 'There should be an SOP for the cleaning of vehicles. A log book should be used to record when cleaning has been carried out. 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.'
6.1.12	Requirement added – 'Procedures must be in place to minimise cross-infection between patients for all equipment used.' Guidance notes 'All equipment should be cleaned before and after use.' Documents 'SOP for cleaning and disinfection of equipment.'
6.1.13	Requirement added – 'Where there are examination areas on site, there must be a hand washing sink in or immediately adjacent to the areas.'
6.2.1	Requirement wording amended from 'Written cleaning protocols for all vehicles and clinical areas of the practice are required and must be regularly audited and recorded.' to 'Written cleaning protocols for all vehicles and all areas of the practice are required and must be regularly audited and recorded.' Guidance notes amended from 'The frequency of cleaning will vary according to the clinical area and caseload.' to 'The frequency of cleaning will vary according to the area and caseload. There should be different sets of cleaning materials and colour coded mops for each area.'
6.2.3	Requirement moved from 6.5.10.
6.2.4	Requirement added – 'The practice should have a policy on the appropriate scheduling of examinations when dealing with known or potential contagious diseases.'
6.3.3	Requirement added – 'Environmental swabbing of all clinical areas is carried out at least twice per year.'
6.3.4	Requirement added – 'There must be a written protocol for risk based deep cleaning of all clinical areas.'
6.3.5	Requirement added – 'Ethyline oxide sterilisation must be available and used.'

6.5.3	Guidance notes added – 'There should be appropriate notices / signage requesting that clients use these facilities.'
6.5.10	Requirement moved to 6.2.3.
6.5.19	Requirement added – 'The practice participates in a surveillance scheme for infectious diseases.' Guidance notes 'For example VetCompass'. Award points 20.
6.5.20	Requirement added – 'The practice has a protocol in place for hand hygiene, which includes the use of World Health Organization (WHO) posters and signage at hand washing points.' Guidance notes 'Tools and resources can be downloaded from the WHO website: https://www.who.int/gpsc/5may/tools/en/.' Award points 20.
6.5.21	Requirement moved from 7.5.11.
7.1.1	Guidance notes amended from 'Arrangement for the disposal of soiled bedding must be in place.' to 'This should include bedding for recumbent animals. Arrangements for the disposal of soiled bedding must be in place.'
7.1.2	Guidance notes added 'The practice should demonstrate that provisions are made to ensure animal welfare where there are animals on site but no team members present.'
7.1.3	Requirement wording amended from 'The owners must be informed of the level of overnight supervision during an overnight stay.' to 'The owners must be informed in writing of the level of overnight supervision during an overnight stay.'
7.1.4	Guidance notes moved to 7.1.2.
7.1.6	Requirement added – 'There must be suitable provision for the storage and preparation of food.'
7.1.7	Requirement added – 'The practice must provide facilities and an adequate nursing team for the care of any in-patients.'
7.2.7	Requirement wording amended from 'The practice must provide a range of intravenous fluids, suitable administration sets and catheters for horses.' to 'The practice must provide a range of intravenous fluids, catheters, administration sets and means of administering for horses.'
7.2.12	Requirement wording amended from 'There are dedicated loose boxes available for the daytime and overnight accommodation of patients.' to 'There are dedicated loose boxes, suitable to the expected caseload, available for the daytime and overnight accommodation of patients.'
7.3.8	Guidance notes added '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.'
7.3.11	Requirement wording amended from 'A person directly responsible for the nursing care of in-patients must be within the curtilage of the site at all times.' to '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.' Guidance notes amended from 'There must be residential accommodation or other arrangements so that a veterinary surgeon, veterinary nurse or an adequately trained lay team member is present on the premises 24 hours a day, every day of the year.' to '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.'
7.3.16	Guidance notes amended from 'This should be large enough for ridden exercise, 20m x 30m would be acceptable and it should be fenced. 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). The arena should be regularly maintained so that the surface remains uniform.' to 'This should be large enough to canter an average sized horse. As a guideline, this would be 20m x 30m. 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). The arena should be regularly maintained so that the surface remains uniform.'

7.3.19	Requirement added – 'There is a protocol / checklist in place to ensure that all relevant information is communicated at handover.'
7.5.11	Requirement moved to 6.5.21.
7.5.38	Requirement wording amended from 'When animals are hospitalised overnight there is a clear protocol for regular appropriate checks, and evidence that these are carried out.' to 'On every occasion an animal is hospitalised overnight there is a clear protocol for regular appropriate checks, and evidence that these are carried out.'
7.5.39	Requirement wording amended from 'When animals are kept overnight there is a member of team members responsible for the care of the animals on the premises at all times.' to 'On every occasion that an animal is kept overnight there is a person responsible for the care of the animals on the premises at all times.' Guidance notes amended from 'Team members may take rest periods as long as they remain on the premises.' to 'The responsible person(s) may take rest periods as long as they remain on the premises.'
7.5.40	Requirement wording amended from 'The member of the team on the premises and responsible for the overnight care of the animals is a veterinary surgeon or RVN.' to 'On every occasion that an animal is hospitalised overnight, the person on the premises and responsible for the overnight care of the animals is a veterinary surgeon or RVN.' Guidance notes amended from 'An SVN employed by the practice who is enrolled with the RCVS, is actively undergoing training and has successfully completed their first academic year is also acceptable. By 2020, only a veterinary surgeon or RVN will be acceptable. Team members may take rest periods as long as they remain on the premises.' to 'The responsible person(s) may take rest periods as long as they remain on the premises.'
7.5.41	Requirement wording amended from 'When animals are kept overnight there is a team member awake at all times who will call the RVN/veterinary surgeon as needed.' to 'On every occasion that an animal is kept overnight there is a person awake at all times who will call the RVN/veterinary surgeon as needed.'
7.5.42	Requirement wording amended from 'When animals are kept overnight there is a veterinary surgeon or RVN responsible for the care of the animals on the premises and awake at all times when there is a patient under their care.' to 'On every occasion that an animal is hospitalised overnight there is a dedicated veterinary surgeon or RVN responsible for the care of the animals on the premises and awake at all times when there is a patient under their care.' Guidance notes amended from 'The responsible person(s) may take rest periods as long as they remain on the premises.'
7.5.48	Requirement added – 'On every occasion that an animal is hospitalised overnight there is remote monitoring which is regularly checked and documented as clinical needs dictate, with the provision to attend when necessary.' Award points 10.
7.5.49	Requirement added – 'Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay.' Award points 10.
8.1.2	Requirement wording amended from 'The practice identifies specimens with: - Patient ID - Date of collection - Tests required - Method of collection if applicable' to

	'The practice identifies specimens with: - Patient ID - Date of collection - Tests required - Method of collection if applicable - Location of sample - Nature of sample'
8.1.8	Requirement wording amended from 'Adequate post-mortem facilities must be available or other arrangements made. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcases or diagnostic quality examination to be performed.' to 'Adequate post-mortem facilities must be available or other arrangements made. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcases. There must be an SOP for external post-mortem examinations so that all staff know where to send specimens.'
8.1.13	Requirement wording amended from 'The practice has a log or similar tracking mechanism for samples sent to outside laboratories to ensure results are received and reviewed by a veterinary surgeon, conveyed to the client and archived.' to '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.'
8.1.17	Requirement wording amended from 'The in-house laboratory has a log or similar tracking mechanism to ensure results are received and reviewed by a veterinary surgeon and conveyed to the client.' to '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.'
8.2.1	Requirement wording amended from 'The practice has laboratory capability either in the field or on the practice premises.' to 'Instrumentation for tests performed on the premises include: - Method of measuring PCV - Binocular microscope (with a range of objective lenses and light source) – Centrifuge – Refractometer - Cytology stains, including gram - Method to measure TP' Guidance notes amended from 'Evidence will be required that some of the following tests are being performed, appropriate to the caseload: - Cytology (e.g. urine, skin scrape, endometrial, semen) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) – PCV - Dip stick tests - Snap tests' to 'Evidence will be required that some of the following tests are being performed, appropriate to the caseload: - Cytology (e.g. urine, skin scrape, endometrial, semen) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) – PCV - Dip stick tests - Snap tests - Serum IgG estimation'
8.2.2	Added to guidance notes 'This should also be undertaken for tests carried out using Point of Care (POC) devices.'
8.2.3	Requirement wording amended from 'If bacteriology is undertaken on site adequately trained technicians must be available.' to 'If bacteriology is undertaken on site adequately trained technicians must be available. If bacteriology is not undertaken on site, there should be evidence that samples are being regularly sent to an appropriate external laboratory.'
8.3.7	Requirement added – 'In addition to internal quality control of automated laboratory tests, external quality assurance, by internal analysis of external samples via a QA scheme, must be routinely undertaken and the results documented and acted on where necessary.' Guidance notes 'EQA is the analysis of samples by reference to an external laboratory performed by

	internal analysis of control reagent received from the laboratory through a QA. This should also be undertaken for tests carried out using Point of Care (POC) devices. The frequency of testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.' Documents 'Results of external EQA scheme.'
8.3.8	Requirement added – 'There must be the facilities to perform bacteriology on site.'
8.5.1	Requirement wording amended from 'Veterinary pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' to 'Veterinary clinical pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
8.5.2	Requirement deleted.
8.5.4	Requirement wording amended from 'There is a nominated person in overall charge of the laboratory facilities.' to 'There is a nominated person in overall charge of the laboratory facilities and they must have completed relevant training.' Added to documents 'Evidence of relevant training.'
8.5.16	Requirement wording amended from 'Practice laboratory is an HBLB code of practice approved laboratory.' to 'Practice laboratory is a BEVA Registered Lab Scheme approved laboratory.'
8.5.17	Requirement wording amended from 'The practice uses an HBLB Code of Practice approved laboratory for CEM samples.' to 'The practice uses a BEVA Registered Lab Scheme approved laboratory for CEM samples.'
8.5.24	Guidance notes added 'This will include animals that have abnormal clinical presentation or abnormal analyzer results.'
8.5.29	Requirement wording amended from 'The practice carries out a regular laboratory sample technique audit.' to 'The practice carries out a regular laboratory sample technique audit. There is evidence that any unexpected or erroneus results have been re-tested.'
8.5.30	Requirement added – 'The practice has an in-house laboratory that is in a designated room, which is not used for any other purpose.' Award points 30.
8.5.31	Requirement added – 'The practice performs cytology of effusions and synovial fluids where appropriate.' Award points 10.
8.5.32	Requirement added – 'The practice has proof of validation for all automated laboratory equipment.' Guidance notes 'This would involve checking: - if there is any published (or unpublished if not) evidence that shows that the make of machine used by the practice provides accurate, reproducible results - whether there are circumstances where the make of machine might not produce accurate, reproducible results - how the make of machine compares to other machines - whether the practices own machine gives accurate, reproducible results Further guidance is available from BSAVA [insert link once available].' Award points 10.
9.1.5	Guidance notes replaced with 'See VMD guidance, Record keeping requirements for veterinary medicines: http://bit.ly/1PYL513. Records for POM-V or POM-VPS medicines must include:

	- The date; - The name of the veterinary medicinal product - 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) - The quantity - The name and address of the supplier or recipient - If there is a written prescription, the name and address of the person who wrote the prescription and a copy of the prescription Records must be kept for 5 years.'
9.1.6	Guidance notes amended from 'There must be proper monitoring and recording of maximum and minimum temperatures in the refrigerator and dispensary, and where temperatures have been recorded out with the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected medicines. Consideration should be given to the use of alarms to indicate when temperatures stray out of set parameters. Data loggers and maximum/minimum thermometers will provide constant monitoring. However, for those without an alarm to warn of temperature deviations, and for maximum/minimum thermometers, checks are required to be made daily and assessors will ask to see written records, produced on a weekly basis, showing the results for the week. If maximum and minimum temperature recordings are being taken wherever medicines are stored it is not necessary to take additional recordings of ambient temperatures. Ideally temperature sensitive medicines should only be taken out on vehicles on a "by use" basis, but whether being stored or transported, measures should be taken to ensure that products remain within the temperature range specified on their SPC e.g. by use of a cool box or refrigerated unit. The suitability of such measures should be demonstrated.' to '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. 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. 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.'
9.1.7	Guidance notes amended from 'Medicines should be checked on a regular basis to ensure they are within the specific time period.' to '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	Guidance notes replaced with 'Records of products administered to food-producing animals by a veterinary surgeon: A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter: - Name of the veterinary surgeon - Name of the product and the batch number

	- Date of administration of the product - Amount of product administered - Identification of the animals treated - Withdrawal period Records of products administered to food-producing animals under the Cascade: A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record: - Date of examination of the animal(s) - Name and address of the owner of the animal(s) - Identification and number of animals treated - Result of the veterinary surgeon's clinical assessment - Trade name of the product if there is one - Manufacturer's batch number shown on the product, if there is one - Name and quantity of the active substances - Doses administered or supplied - Duration of treatment - Withdrawal period When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual animal's number.'
9.1.12	Guidance notes amended from 'Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbabitone. Drugs must be kept under safe custody (locked secure cabinet), except quinalbarbitone. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this Act can lead to prosecution. Schedule 3: Includes tramadol, buprenorphine, pentazocine, the barbiturates 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. Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol. Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: http://bit.ly/1KYuc7h' to 'Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbabitone. Drugs must be kept under safe custody (locked secure cabinet), except quinalbarbitone. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this Act can lead to prosecution. Schedule 3: Includes tramadol, buprenorphine, pentazocine, 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. Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol. Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: http://bit.ly/1KYuc7h'
9.1.16	Added to guidance notes 'Copies of written prescription forms must be available for the assessor to view.'
9.1.19	Requirement deleted.
9.1.20	Guidance notes amended from 'Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine. POM-V: All POM-V medicines supplied by the practice must be labelled with the following information: - The name and address of the animal owner - The name and address of the veterinary practice supplying the medicine - The date of supply - The words "keep out of the reach of children" - The words "for animal treatment only" unless the package or container is too small for it to be practicable to do so - The words "for external use only" for topical preparations - The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: - Identification of the animal or group of animals - Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual And unless already specified on the manufacturer's packaging: - Any special precautions - The expiry date - Any necessary warnings for the user, target species, administration or disposal of the product A specified withdrawal period' to 'Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine. POM-V: All POM-V medicines supplied by the practice must be labelled with the following information:

	- The name and address of the animal owner - The name and address of the veterinary practice supplying the medicine - The date of supply - The words “keep out of the reach of children” - The words “for animal treatment only” unless the package or container is too small for it to be practicable to do so - The words “for external use only” for topical preparations - The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: - Identification (including species) of the animal or group of animals - Name of the veterinary surgeon who has prescribed the product e.g. veterinary surgeons initials or a code, provided that this can be traced back to an individual And unless already specified on the manufacturer’s packaging: - Any special precautions - The expiry date - Any necessary warnings for the user, target species, administration or disposal of the product A specified withdrawal period’
9.1.25	Added to guidance notes ‘Copies of prescriptions must be available for the assessor to view.’
9.2.1	Requirement moved from 9.3.2.
9.2.2	Requirement added – ‘All team members involved in dispensing medication must be trained and there must be protocols in place, including systems to reduce errors.’ Guidance notes ‘Training can be internal by means of SOPs. Systems to reduce errors should include double checking systems for dispensed medicines.’
9.2.3	Requirement added – ‘A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones and 3rd and 4th 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.’ Guidance notes ‘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. 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. 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. Information on the antimicrobials contained within the group HP-CIA can be found on http://bit.ly/2q0JCmU. See BEVA PROTECT ME (https://www.beva.org.uk/Resources-For-Vets-Practices/Medicines-Guidance/Protect-me) and BVA (https://www.bva.co.uk/News-campaigns-and-policy/Policy/Medicines/Antimicrobials/) guidelines on the responsible use of antimicrobials.’
9.2.4	Requirement moved from 9.5.21.

9.2.5	Requirement moved from 9.5.22.
9.2.6	Requirement moved from 9.5.23.
9.2.7	Requirement added – 'The practice has a written policy on the prescription and dispensing of sedative drugs for use during examinations and or procedures undertaken by paraprofessionals.' Guidance notes 'Assessors will require an example of a written policy.' Documents 'Written policy.'
9.3.2	Requirement moved to 9.2.1.
9.5.6	Requirement deleted.
9.5.21	Requirement moved to 9.2.4.
9.5.22	Requirement moved to 9.2.5.
9.5.23	Requirement moved to 9.2.6.
9.5.25	Requirement moved to 10.2.6.
9.5.26	Requirement deleted.
9.5.29	Requirement moved from 3.5.31.
9.5.30	Requirement moved from 3.5.32. Guidance notes added 'This applies to systems inside the clinic and to out-of-hours medicine collection arrangements. There is a clear storage system for medications awaiting collection by clients, or delivery to clients, that ensures they are held under the appropriate conditions. There should be a system in place to audit those medicines not collected.'
9.5.31	Requirement added – 'The practice communicates to its clients how repeat prescriptions are ordered and dispensed.' Award points 10.
9.5.32	Requirement added – 'The practice has appointed an antibiotic guardian(s) to oversee the appropriate use of HP-CIAs and adherence to the written policy on the prescription of these.' Guidance notes The antibiotic guardian should be appointed in writing and there should be a list of their duties. Award points 30.
9.5.33	Requirement added – 'The practice has systems in place to monitor the appropriate use of HP-CIAs.' Award points 20.
9.5.34	Requirement added – 'The practice has a written policy on the prescription and dispensing of oral sedative drugs for use in horses receiving treatment by paraprofessionals (e.g. Equine Dental Technicians (EDTs)). Award points 20.
10.1.1	Guidance notes amended from 'The General Data Protection Regulations (GDPR), will be implemented in the UK on 25 May 2018 and will replace existing data protection legislation, the Data Protection Act 1998 (DPA). 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. General guidance can be found on the RCVS website at: http://bit.ly/2IBYIKX. 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: http://bit.ly/2rXiaHs. 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 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. Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt http://bit.ly/2ke4QKz), 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.' to 'See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/. 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.'GDPR - RCVS information and Q&As' can be downloaded from the RCVS website at: http://bit.ly/2IBYIKX. 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: http://bit.ly/2rXiaHs. 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 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. Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt http://bit.ly/2ke4QKz), 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.'
10.1.2	Requirement wording amended from 'Where appropriate, records must be maintained for each animal or group. There must be adequate back-up for computerised records.' to 'Records must be maintained for each animal or group. There must be adequate back-up for computerised records.'
10.1.3	Added to guidance notes '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 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. 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.'
10.1.4	Requirement wording amended from 'Before any diagnostic or surgical procedure is performed on an animal, informed consent must be sought.' to 'Before any diagnostic or surgical procedure is performed on an animal, informed consent must be obtained.' Guidance notes amended from 'Informed consent, which is an essential part of any contract, can only be given by a client who

	has had the opportunity to consider a range of reasonable treatment options (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. Further guidance on informed consent is available from the RCVS website: http://bit.ly/2qVzqfG. It is recognised that in an emergency it may be necessary to perform procedures without prior consent.' to '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. Further guidance on informed consent is available from the RCVS website: http://bit.ly/2qVzqfG. It is recognised that in an emergency it may be necessary to perform procedures without prior consent.'
10.1.5	Guidance notes amended from 'Discussion should take place with the client covering a range of 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. 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.' to '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. 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.'
10.1.7	Added to guidance notes 'See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/.'
10.1.9	Guidance notes amended from 'When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. Even where two veterinary surgeons are treating different groups of animals owned by the same client, it is still advisable for each to keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1LaRCay.' to 'When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. Even where two veterinary

	surgeons are treating different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: http://bit.ly/1LaRCay.'
10.2.3	Requirement deleted.
10.2.6	Requirement moved from 9.5.25. Requirement wording amended from 'The patient records include the Passport section 9 status.' to '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	Requirement added – 'Individual horse records must include details of the passport / UELN / microchip number.' Guidance notes 'Some horses, such as semi-feral populations, are not required to have a passport.'
10.2.8	Requirement added – 'Written discharge instructions are routinely handed to clients on discharge of all hospitalised patients.' Guidance notes 'These should include at least: - Details of medication -Instructions for feeding - Instructions for exercise - Information about repeat appointments - Details of out of hours arrangements'
10.2.9	Requirement moved from 10.5.3.
10.3.3	Requirement added – 'The practice must audit the back-up for computerised records to ensure that it is adequate.' Documents 'Audit report.'
10.3.4	Requirement added – 'The practice has a weigh bridge and accurate weights are recorded for all inpatients.'
10.3.5	Requirement moved from 10.5.9.
10.3.6	Requirement moved from 10.5.2.
10.5.1	Requirement moved to 3.5.47.
10.5.2	Requirement moved to 10.3.6.
10.5.3	Requirement moved to 10.2.9.
10.5.4	Requirement moved to 13.5.51.
10.5.5	Requirement moved to 13.5.52.
10.5.6	Requirement deleted.
10.5.7	Requirement deleted.
10.5.8	Requirement moved to 2.5.17.
10.5.9	Requirement moved to 10.3.5.
10.5.10	Requirement deleted.
11.3.1	Guidance notes amended from 'The RVN/REVN's primary role is the responsibility for the nursing and clinical care of the clinic's patients. Team members' schedules/rotas will provide evidence. It is an intention for the future that Veterinary Hospitals have a RVN onsite for all normal opening hours.' to 'The RVN/REVN's primary role is the responsibility for the nursing and clinical care of the clinic's patients. Team members' schedules/rotas will provide evidence.'
11.3.4	Requirement added – 'There must be an RVN onsite for all normal opening hours.' Guidance notes 'Team members' schedule rotas will provide evidence.'
11.3.5	Requirement added – 'All animals have an individual nursing care plan.' Guidance notes 'This should include specific instructions for complex interventions. A recognised nursing care plan (NCP) should be completed and regularly reviewed for each eligible patient. NCPs should be

	overseen by a qualified member of the practice. For routine procedures standardised plans are acceptable.'
11.5.1	Award points amended from 70 to 40.
11.5.2	Requirement wording amended from 'The nursing team is involved in the regular practice clinical meetings.' to 'The nursing team is involved in the regular practice clinical meetings and management meetings to ensure inter-professional practice.' Documents amended from 'Minutes of most recent team meeting.' to 'Minutes of most recent clinical and management meeting.' Award points amended from 20 to 30.
11.5.7	Requirement added – 'There must be a CPD plan for the nursing team.' Guidance notes 'CPD should be specific to job requirements of the nursing team.' Documents 'CPD plan for nursing team.' Award points 30.
11.5.8	Requirement added – 'The practice is a nurse training practice.' Guidance notes 'Practices would be expected to have at least one student veterinary nurse in training within the previous 12 months.' Award points 40.
12.1.1	Requirement wording amended from 'Practices must take steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours.' to '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.'
13.1.1	Guidance notes amended from 'Assessors will view as many vehicles as practicable to be reasonably sure that this standard is met. It would be acceptable for a visit box to be moved between vehicles.' to '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	Requirement wording amended from 'Consulting areas should be assessed for suitability for the procedure to be undertaken.' to 'Consulting areas, whether mobile or static, should be assessed for suitability for the procedure to be undertaken.' Added to guidance notes 'A dynamic risk assessment must be performed to assess the suitability of the area.'
13.1.4	Requirement wording amended from 'See Infection Control Module, Core Standards Requirement 6.1.1 regarding biosecurity policy and BVA Good Practice Guide to handling veterinary waste: http://bit.ly/1WfH1P6' to '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: http://bit.ly/1WfH1P6'
13.1.13	Requirement added – 'All vehicles should contain a clinical waste area and sharps bin.'
13.2.4	Guidance notes amended from 'Could be an X-ray viewer or computer.' to 'A laptop, mobile X-ray viewer, digital display screen or hard copy showing real size images would be acceptable.'
13.5.1	Requirement wording amended from 'CPD relevant to equine ambulatory practice has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' to 'CPD relevant to equine medicine has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.' Guidance notes amended from 'This could be in equine medicine, veterinary cardiology, veterinary dermatology, veterinary ophthalmology etc. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' to 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.'

13.5.15	Requirement wording amended from 'A written parasite control policy is utilised in the practice.' to 'A written parasite control policy is utilised in the practice. This should cover both ecto- and endo-parasites and training must include reception staff.'
13.5.40	Requirement wording amended from 'At least one veterinary surgeon has attended a BARTA/BEVA Safer Horse Rescue course within the past 4 years.' to 'At least one veterinary surgeon has attended a BARTA/BEVA Safer Horse Rescue course (or equivalent) within the past 4 years.'
13.5.49	Requirement added – 'Written diagnostic and therapeutic guidelines are utilised for Pituitary Pars Intermedia Dysfunction (PPID).' Behaviours 'Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.' Guidance notes 'These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.' Documents 'Written diagnostic and therapeutic guidelines.' Award points 10.
13.5.50	Requirement added – 'Written diagnostic guidelines are utilised for exotic diseases (e.g. African Horse Sickness).' Behaviours 'Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.' Guidance notes 'These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.' Documents 'Written diagnostic and therapeutic guidelines.' Award points 10.
13.5.51	Requirement moved from 10.5.4.
13.5.52	Requirement moved from 10.5.5.
Module 14	Module heading amended from 'Pain Management' to 'Pain Management and Welfare'
14.2.1	Requirement moved from 14.5.7. Added to guidance notes 'There should be protocols for pain management in specific circumstances e.g. orthopaedic surgery.'
14.2.2	Requirement moved from 14.5.8.
14.2.3	Requirement moved from 14.5.9.
14.2.4	Requirement moved from 14.5.10.
14.2.5	Requirement added – 'Pain is routinely assessed using a recognised pain scoring system and appropriate analgesia provided.'
14.3.1	Requirement duplicated from 14.5.2.
14.3.2	Requirement duplicated from 14.5.3.
14.3.3	Requirement duplicated from 14.5.4.
14.3.4	Requirement duplicated from 14.5.5.
14.3.5	Requirement duplicated from 14.5.6.
14.5.7	Requirement moved to 14.2.1.
14.5.8	Requirement moved to 14.2.2.
14.5.9	Requirement moved to 14.2.3.
14.5.10	Requirement moved to 14.2.4.
14.5.13	Added to guidance notes 'This must include the use of full mu-agonists when appropriate.'

14.5.14	Requirement added – 'Local and regional anaesthesia is routinely used by the practice.' Award points 20.
14.5.15	Requirement added – 'Constant rate infusions (CRIs) of analgesic drugs are used.' Guidance notes 'Evidence should be provided through clinical records.' Award points 20.
14.5.16	Requirement added – 'Epidural administration of morphine / opioids is used in appropriate cases.' Award points 20.
14.5.17	Requirement added – 'Cryotherapy is used in appropriate cases for the prevention / treatment of laminitis.' Award points 20.
14.5.18	Requirement added – 'A ridden horse ethogram is used in appropriate cases.' Award points 20.
15.1.8	Guidance notes amended from 'Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. Practices are encouraged to submit this on the official RCVS record card or online. 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. For veterinary surgeons, the minimum requirement is 105 hours over three years (an average of 35 hours per year). For registered veterinary nurses the requirement is 45 hours over three years. The practice team includes full-time and part-time employees, as well as locums and others supplying veterinary services on a regular or 'ad hoc' basis. New graduates are expected to complete PDP. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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.' to '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). 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. 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. New graduates are expected to complete PDP. New Graduates must engage with the Professional Development Phase and be supported by a fully resourced mentor. 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.'
15.1.10	Guidance notes amended from 'Team members can explain how the policies are implemented.' to 'See the Government's guidance on the Equality Act: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions). The practice should demonstrate a commitment to diversity and that is has taken steps, where possible, to recruit a diverse

	workforce. The practice should demonstrate a zero tolerance approach to discrimination and harassment. 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.''
15.1.12	Guidance notes amended from 'Assessors will check the poster is completed and displayed.' to 'Assessors will check the poster is completed and displayed. Alternatively, team members may be provided with the equivalent leaflet.'
15.1.13	Guidance notes amended from 'All team members should be able to describe their own and their employer's responsibilities with regard to working safely. The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably 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: - A statement of general policy - Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments - Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary. The law applies when people are at work so will also apply to farm/equine practitioners working mainly from vehicles but also from home, and where locums are used. Employers have duties to ensure the health and safety of their employees and this includes situations where work is carried out at, or from, home. Veterinary surgeons who are self-employed also have duties towards their own health and safety and that of third parties (e.g. their family/locum) therefore, health and safety requirements do apply in this situation. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.' to 'The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably 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: - A statement of general policy - Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments - Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary. See the HSE website for guidance on writing a health and safety policy: http://www.hse.gov.uk/simple-health-safety/policy/index.htm. 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. These duties extend to: - Workers who work from home and mobile workers (eg farm vets, mobile practices) - Members of the public – clients, contractors, work experience, visitors - Temporary workers (eg locums). - 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 eg ECC shared with daytime, grooming business with vets) - Advice on Self employed persons - http://www.hse.gov.uk/self-employed/what-the-law-says.htm'
15.1.14	Guidance notes amended from 'People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. For example a fire officer, H&S rep/officer, first aiders, radiation protection supervisor (and RPA), area safety officers (if applicable). The practice must have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. A fire risk assessment must have been drawn up. 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.' to 'People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. This may include: - A Fire officer - First

	aiders and/or appointed persons - A Radiation protection supervisor (and RPA) - An Employee safety representative - Area safety officers
15.1.15	Guidance notes amended from 'People can describe how they have been consulted about their safety at work and can describe how they would raise any concerns they have day to day. Consulting employees on health and safety matters is a legal requirement, and is more than simply having health and safety documents on site for team members to refer to and is very important in creating and maintaining a safe and healthy working environment. Any change which may substantially affect their health and safety at work i.e. in procedures, equipment or ways of working, must be communicated to the team, highlighting any dangers. Team meeting minutes evidence discussion around H&S policy.' to '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. 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: http://www.hse.gov.uk/simple-health-safety/consult.htm. 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. Evidence of this may include team meeting minutes relating to health and safety, safety reporting systems and / or improvement ideas.'
15.1.16	Requirement wording amended from – 'The practice has carried out risk assessments in all areas of activity and has recorded the significant findings of these risk assessments.' to 'The practice has carried out risk assessments in all areas of activity.' Guidance notes amended from 'Safety officer(s) can describe how they carried out their risk assessments and how these have informed the practice's standard procedures. If more than five people are employed, copies of the findings from the risk assessments should be available in the practice and regular review should be evidenced. Assessors will be verifying that the principles of risk assessment are understood and that risk has been addressed, they will not be examining individual risk assessments. Practices are referred to the HSE for detailed guidance: http://bit.ly/1Erkpjx Activities/work areas to be considered would include both physical and psychological health, for example: - Cleanliness/tidiness - Disinfection - Handling and restraint of animals (including their use on farm facilities) - Manual handling and lifting of weights (with particular reference to aids for moving) - Heavy/paraplegic animals - Slips/trips/falls - Veterinary medicines/pharmaceuticals - Anaesthetic gases - Injection procedures (risk of self-injection) - Risk to pregnant workers - Risk of work related stress - Proper use of work equipment - Display screen equipment - Office electrical equipment - Portable electrical appliances - Dental machine - Liquid nitrogen - Imaging equipment - Anaesthetic equipment - Laboratory equipment - Laboratory procedures - Dental procedures using mechanical scaling - Security of team members, including provisions for lone/night working - Dealing with members of the public - Personal protective equipment - First aid, recording and reporting of accidents

	- Disposal of sharps, clinical, pharmaceutical, chemical and other waste (including safe handling of spillages/leakages, broken and unwanted containers) - Infectious disease/biological agents - Zoonoses (e.g. fungal, ringworm; bacterial, salmonella; and viral, bird flu) - Working at height - Water supplies/air-conditioning maintenance - Transport and storage and use of gas cylinders - Vehicles and driving for work - Employment of young persons (under 18 years of age) - Whether the practice premises does, or is liable to contain asbestos, any risk arising there from and action taken to manage risk, may be required (Control of Asbestos at Work Regulations 2002 and 2006) Stored pressurised gas cylinders must be kept securely outside the building unless authorised by a fire officer. Stocks of explosives or inflammable agents must be stored in locked metal cupboards. Best practice is to store cylinders of oxygen and flammable gases outside in the open air, which allows vapours to be dispersed effectively. Storage outside should be secure. If storage has to be located within a building, an adequate level of ventilation should be provided either by mechanical ventilation or the presence of a sufficient size and number of permanent openings. Flammable gases, such as LPG, if stored inside, may only be stored in purpose-built compartments or buildings with fire-resistant walls and explosion relief. Only limited quantities should be stored and should not be placed under stairs, near waiting rooms or compressors. Risk assessments should be undertaken to take into account compatibility of substances stored and the suitability of the arrangements made.' to 'Risk assessments are a legal requirement. They should be recorded if five or more people are employed. Risk assessments must - Identify the hazards - Decide who might be harmed and how - Evaluate the risks and decide on precautions - Record significant findings - Be reviewed and updated as necessary See the HSE guidance on risk management: http://www.hse.gov.uk/risk/index.htm Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities. Third parties should be considered, for example members of the public, contractors etc. If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses.'
15.1.17	Guidance notes amended from 'Team members can describe how they use standard procedures to maintain a safe working environment, and how and where these are recorded and reviewed. Standard procedures may be recorded in a team member or practice manual, in area references or in aide-memoirs around the practice. They should be up-to-date and easily accessible.' to

	'Team members can describe how they access standard procedures to maintain a safe working environment. All team members should be able to describe their own and their employer's responsibilities with regard to working safely.'
15.1.18	Requirement wording amended from 'The practice must have undertaken a thorough assessment of the risks arising from the use of veterinary medicines and substances hazardous to health within the practice.' to '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.' Guidance notes amended from 'The risk to health and safety from veterinary medicines and other substances has to be assessed under the Control Of Substances Hazardous to Health Regulations 2002 (COSHH). There is wide variation in risk, many are low to medium risk but there are some substances in veterinary practice, which pose a very serious risk to health. Implementing measures to control the exposure to low or medium risk substances can be adequately achieved when they are assessed by their therapeutic group/type/route of administration etc. The practice can set out standard measures to control exposures, for example: - Injectable anaesthetics - Pour-on anthelmintics - Steroidal compounds - Antibiotics Within these groups, practices must identify any specific medicines or substances that could have longer-term health risks, such as allergies e.g. penicillin, or sensitivities e.g. latex. Specific and detailed assessments and the resulting measures to control exposure must be made for high-risk substances such as: - Any hormones - Oil-based vaccines - Gluteraldehyde disinfectants - Cytotoxic drugs It should be noted that the lists mentioned are not exhaustive and practices should consider their own individual medicine/substance usage. Safety data-sheets are not legally required for veterinary medicines and many medicine companies do not produce them. Practices should therefore ensure that they have access to the current version of either the Summary of Products Characteristics (SPC) or a data-sheet for each authorised medicine used or stored in the practice. Copies of the current NOAH Compendium of Data Sheets are acceptable to fulfil this requirement for those medicine companies that participate. See http://bit.ly/1Pc2D9A (for veterinary SPC) and http://bit.ly/1INlaaB (for non-veterinary SPCs).' to '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: - Finding out what the health hazards are - deciding how to prevent harm to health (risk assessment) - Providing control measures to reduce harm to health - Making sure they are used

	- Keeping all control measures in good working order - Providing information, instruction and training for employees and others - Providing monitoring and health surveillance in appropriate cases e.g. anaesthetic gas monitoring - Planning for emergencies. Examples of substances hazardous to health include: - Veterinary medicines – low risk can be grouped together e.g. antibiotics, high risk should be assessed specifically e.g. carcinogenic substances - Cleaning products - Agents that can cause allergies e.g. latex, penicillin - Infectious agents e.g. bacteria, viruses - Substances e.g. dust 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. See the HSE guidance on COSHH: http://www.hse.gov.uk/coshh/'
15.1.19	Guidance notes amended from 'Evidence of servicing of: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers. Frequency of servicing is determined by manufacturer or competent person recommendation.' to '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. Frequency of servicing is determined by the manufacturer or a competent person's recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.'
15.1.20	Added to guidance notes 'This information should be displayed in the practice.'
15.1.21	Guidance notes amended from 'The written programme containing the findings of the risk assessment, together with: evidence of inspection of the electrical installation by a competent person and PAT testing and visual inspection records will be required. For the electrical installation in the building, the frequency of the inspection (by a competent person) should be as directed by that competent person. For portable electrical equipment, cables and leads, formal visual inspection and testing are considered. Advice should be sought from a competent person regarding the appropriate frequency for these as this will depend upon the individual circumstances of a practice. Equipment should be labelled with the date of inspection, or a database kept. Failed equipment must not be used and repaired equipment must be tested before use. Residual Current Devices are required for any equipment used in wet conditions. Assessors will ask to see PAT testing and visual inspection records.' to 'The written programme containing the findings of the risk assessment, together with: - Evidence of inspection of the electrical installation by a competent person (frequency dictated by competent person) - 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) - Failed or damaged equipment must be identified clearly and removed from use. See the HSE guidance on electrical safety at work: http://www.hse.gov.uk/electricity/index.htm'
15.1.23	Guidance notes added – 'Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training. Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.'

15.1.24	Requirement wording amended from 'Wherever patients are hospitalised, smoke and/or heat detectors must be placed adequately to alert team members who may be in remote parts of the premises.' to '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.' Added to guidance notes 'This should include stables.'
15.1.25	Guidance notes amended from 'The fire officer can explain how regular reviews of practice fire safety are carried out. Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. A fire log book or other records should be used to record testing and servicing of fire alarms (if present), emergency lighting and call points, and team members training and evacuation procedures. A premises checklist may be useful.' to 'Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. A premises checklist may be useful.'
15.1.26	Requirement wording amended from 'There must be regular maintenance of fire alarms and equipment and regular fire practice evacuations.' to 'There must be regular maintenance of fire alarms and equipment.' Guidance notes amended from 'Fire log in place which records: tests of alarms and equipment, evacuation drills and evidence of regular maintenance.' to 'There should be a Fire log, or similar recording, in place detailing: -Tests of alarms and equipment – Servicing -Emergency lighting - Call point testing - Regular maintenance. A schedule of regular workplace inspections (premises checklist) may be useful.'
15.1.27	Requirement wording amended from 'The practice must have performed a fire risk assessment.' to 'The practice must have performed a fire risk assessment and regular fire practice evacuations.' Guidance notes amended from 'The risk assessment should be regularly reviewed. Where gas/oxygen cylinders are being transported in practice vehicles, a 2kg dry powder fire extinguisher is required in the vehicle. Evidence should be provided of suitable hazard training.' to 'Employers (and / or building owners or occupiers) must carry out a fire safety risk assessment and keep it up to date. 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. 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: http://www.hse.gov.uk/toolbox/fire.htm. The practice must also have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. 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.'
15.1.29	Requirement wording amended from 'There must be an appointed person to take charge should someone fall ill or be injured, and to restock the first aid box. A second person must be appointed to take charge if the first appointee is off duty.' to 'A first aid needs assessment should be carried out.' Guidance notes amended from 'An 'appointed person' is an individual nominated by their employer to take charge when someone is injured or falls ill. Their responsibilities include looking after the first aid equipment e.g. restocking the first aid box and calling an ambulance. Appointed persons should not administer first aid unless trained to do so. Note: nomination of an appointed person is a minimum requirement, but practices should consider if an appointment of more than one person is necessary or if a first aider should be appointed. A first aider is someone who has undergone a training course in administering first aid and holds a current first aid at work certificate (these are time-limited to three years). A first aider can undertake the duties of an appointed person. For further guidance, see HSE leaflet INDG214: http://bit.ly/1N79ZO1. The appointed persons can describe how they have been prepared for their responsibilities which may just be stocking the first box and calling an ambulance.' to 'The assessment should consider: - The workplace - The team - The hazards present The assessment will help you to

	decide whether you need: - Appointed person(s) - First aider(s) – level of training identified by the needs assessment e.g. emergency first aid There must always be someone available to take charge of the first aid arrangements, namely: - Looking after the equipment and facilities - Calling the emergency services when required Arrangements should be made for an appointed person to be available to undertake these duties at all times when people are at work. Documents amended from 'List of appointed persons for first aid and evidence of training of appointed persons for first aid.' to 'First aid needs assessment. List of appointed person and / or trained first aiders. Evidence of any training undertaken.'
15.1.30	Guidance notes amended from 'The team members know the location of such items.' to 'This includes for practice vehicles. 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.'
15.1.31	Requirement wording amended from 'The practice must have an accident book.' to 'The practice must have an accident book, or equivalent electronic version.' Guidance notes amended from 'Team members should know where and how to complete an accident record and what to do with the form. Completed forms should be stored securely. An accident book is required by law and must meet the requirements of the Data Protection Act. It must record the following: - Date and time of accident or occurrence - Full name and address of the person involved and the injury or condition suffered - Where the accident or occurrence happened - A brief description of the circumstances - In the case of a notifiable disease; The date of diagnosis, The occupation of the person concerned and the name or nature of the disease Records should be removed and stored securely and information kept for at least three years.' to 'Team members should know where and how to complete an accident record and what to do with the form. 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. 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. Accident forms should be audited regularly.'
15.1.32	Guidance notes amended from 'Managers or first aid appointees can explain how they should report under RIDDOR and the criteria to look for. Online reporting under RIDDOR is available here: http://bit.ly/1DPy0qc' to 'Responsible persons can explain how they should report under RIDDOR. Further information is available at: http://www.hse.gov.uk/pubns/indg453.pdf'
15.1.33	Guidance notes amended from 'The current waste audit should be available and team members should be able to describe how they handle different forms of waste. Adequate waste receptacles should be used to allow immediate disposal of hazardous items. Full containers should be stored in hygienic conditions and be clearly identified. Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. Assessors will ask to see evidence of: - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years) For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: http://bit.ly/1WfH1P6. However, local variations exist and practices should consult the Environment Agency or their own local waste management authority for information. Non-hazardous (non-special) waste must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.' to 'Team training: -Team members should be able to describe how they handle different forms of waste Storage: -Adequate waste receptacles should be used to allow immediate disposal of hazardous item -Full containers should be stored in hygienic conditions and be clearly identified -Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor Assessors will ask to see evidence of: -The

	current waste audit should be available -A contract with a permitted waste contractor(s) -Policies and practice to segregate and label waste into appropriate streams and to store it hygienically -Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales -Waste transfer notes (which should be stored for two years). 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: http://bit.ly/1WfH1P6. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information.
15.1.34	Guidance notes amended from 'Team members can describe safety procedures in use and how inspection is carried out. The practice must be aware of The Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the regulations prior to use and thereafter have the equipment inspected regularly. The regulations require that lifting equipment is: - Sufficiently strong, stable and suitable for its intended use - Positioned or installed to prevent risk of injury - Visibly marked with appropriate information for safe use - That lifting operations are planned and supervised and carried out by competent operators Lifting equipment should be examined prior to first use and thereafter inspected regularly in accordance with recommendations of a competent person who shall issue a certificate of inspection and report of any action required. An example of equipment covered by the regulations is overhead gantry cranes for lifting anaesthetised horses.' to 'Team members can describe safety procedures in use and how inspection is carried out. The practice must be aware of The Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the regulations prior to use and thereafter have the equipment inspected regularly.'
15.1.35	Requirement wording amended from 'Where firearms are stored on the premises and / or used in the course of practice business firearms certificates must be shown.' to '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.'
15.1.36	Requirement added – 'Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services. Guidance notes 'Cylinders should be stored according to the following requirements: -Must be stored under cover, preferably outside -Adequate ventilation is required -They should be clean, dry and protected from extremes of temperature -Secured to prevent falling or misuse (either horizontal racks or > E size vertical with holder) -Sited away from any sources of heat or ignition -Different types of gas should be separated within the store A trolley is recommended for any movement within the practice. 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. 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. All personnel handling compressed medical oxygen cylinders should have adequate knowledge of: -The properties of the gas used -The correct operating procedures for the cylinder -Precautions and actions to be taken in the event of an emergency. Documents 'Risk assessment for storage and transport / movement of medical gas cylinders. Evidence of team training. SOP / practice guidelines relating to storage, handling and maintenance and safe use of medical gases.'
15.1.37	Requirement added – '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.' Guidance notes 'Control measures should include: -Protective clothing - Eye protection specific to the equipment used, Gloves and coveralls (surgical lasers only) -A designated treatment room / area (laser controlled area). This should have - Restricted access, Clear signage, Blinds on windows and door portholes -Means to prevent nearby workers and third parties being injured by the AOR. -Provision of medical examination if workers are over

	exposed. It may be helpful to appoint a Laser Protection Supervisor. A log of AOR usage is recommended.' Documents 'Risk assessment (including an exposure limit value). Evidence of review of risk assessment (to ensure all necessary controls are in place). Training records for all team members involved in the procedure. Procedure / SOP for AOR use (specific to the clinic).'
15.1.38	Requirement added – 'The practice must assess whether or not it is in a radon affected area.' Guidance notes 'This is required for all practices, regardless of whether or not diagnostic imaging is used. 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 (above the UK Action Level of 200 Bq m^{-3}), remedial action should be taken. See the Public Health England (PHE) UKradon website for further information and to request a radon address search: https://www.ukradon.org.'
15.1.39	Requirement added – '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.' Guidance notes 'Mental health is explicitly addressed within practice policies e.g. H&S, Sickness and Absence etc. Information about mental health support is made available to all team members e.g. posters, intranet, employee handbook, flyers etc. 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. This should include team members being encouraged to use their annual leave entitlements. Team members can describe the measures in place to support them at work in the event of a mental health issue (e.g. group reflective practice). 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. 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: https://www.gov.uk/guidance/equality-act-2010-guidance. The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS (https://www.acas.org.uk/supporting-mental-health-workplace), NHS, vetlife (https://www.vetlife.org.uk/), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (https://www.vetmindmatters.org/).'
15.2.1	Added to guidance notes 'As part of this, at least one member of the practice team should undertake one day of mental health awareness training.'
15.2.5	Requirement added – '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	Requirement added – 'Mental health and wellbeing is embedded in induction training for new starters.'
15.2.7	Requirement added – 'The practice displays information and resources on mental health and wellbeing e.g. Samaritans, Mind Matters, Vetlife.'
15.2.8	Requirement added – 'The practice has a written policy on physical and mental health and wellbeing which is made available to all team members.'
15.2.9	Requirement added – 'The practice offers a phased return to team members who have been on long-term sick leave.'
15.2.10	Requirement added – 'Line managers should also have clear guidance on how to deal with mental health issues in the workplace.' Guidance notes '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. 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: https://www.gov.uk/guidance/equality-act-2010-guidance. 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. Managers can describe where they would seek additional advice and guidance on issues around mental health. Advice and guidance is available from Mind (https://www.mind.org.uk/workplace/mental-health-at-work/), ACAS

	(https://www.acas.org.uk/supporting-mental-health-workplace), HSE (https://www.hse.gov.uk/stress/assets/docs/manage-mental-health.pdf), and the RCVS Mind Matters Initiative Managers' training.
15.2.11	Requirement added – 'The practice has a sustainability policy.' Guidance notes 'This should include a recycling and waste reduction plan.'
15.5.1	Guidance notes amended from 'This might include an external course, webinar, online resources or documented self-study. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' to 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.'
15.5.2	Guidance notes amended from 'This might include an external course, webinar, online resources or documented self-study. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' to 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.'
15.5.3	Guidance notes amended from 'This might include an external course, webinar, online resources or documented self-study. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.' to 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.'
15.5.21	Requirement wording amended from 'The team members understand the aims and objectives of the business to a level appropriate to their role.' to 'The practice has a mission statement and the practice team understand their contribution to it.'
15.5.32	Requirement wording amended from 'The practice is approved for VN training.' to 'The practice is approved for RVN training.' Guidance notes amended from 'Practices would be expected to have at least one student in current training.' to 'Practices would be expected to have at least one student veterinary nurse in training within the previous 12 months.' Award points amended from 20 to 30.
15.5.35	Requirement added – 'The practice holds detailed records of sickness absence, which include recording of work-related illness or injury, and these are held and used to analyse causes for absence.' Award points 20.
15.5.36	Requirement added – 'The practice has written policies on suicide prevention and postvention.' Award points 10.
15.5.37	Requirement added – 'The practice has a defibrillator / automated external defibrillator (AED) for emergency use by employees and clients.' Award points 10.
15.5.38	Requirement added – 'The practice has a policy for cases of suspected animal abuse.' Guidance notes 'Members of the team should be aware of animal abuse and the potential link to human abuse. Training materials are available from the Links Group and through the Links Veterinary Training Initiative: http://thelinksgroup.org.uk/. See chapter 14 of the supporting guidance for the *Code of Professional Conduct* for further information and advice on the responsibilities of veterinary surgeons and veterinary nurses in recognising and reporting animal and human abuse: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/client-confidentiality/. Award points 10.
15.5.39	Requirement added – 'All team members with line management responsibility have undertaken at least one day of mental health awareness training.' Guidance notes 'This might include an

	external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.' Award points 30.
15.5.40	Requirement added – 'At least one member of the practice team has undertaken some training in inclusion and diversity.' Award points 20.
15.5.41	Requirement added – 'A buddy system is in place for all new team members.' Award points 20.
15.5.42	Requirement added – 'The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing via a systematic gathering process.' Behaviours 'A consistent and systematic approach to gathering feedback.' Guidance notes 'One way to approach this could be by completing the SPVS / RCVS Vet Wellbeing Awards application process. See the Vet Wellbeing Awards website for information on the application process, and for further guidance on improving wellbeing within the practice: https://vetwellbeingawards.org.uk/. Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs' Documents 'Analysis of feedback and actions.' Award points 10
15.5.43	Requirement added – 'The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing and there is evidence that the practice acts upon such feedback.' Behaviours 'Evidence that analysis is done to determine any required action.' Guidance notes 'Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: http://bit.ly/2rXiaHs' Documents 'Analysis of feedback and actions.' Award points 30'
15.5.44	Requirement added – 'The practice can demonstrate evidence of waste reduction.' Guidance notes 'Examples of this could include the practice tracking and measuring its landfill waste, as well as its recycling waste.' Documents 'Comparison of yearly landfill waste reduction.' Award points 10.
16.1.8	Guidance notes added – 'This should be an adequate size for the work load of the practice.'
16.1.11	Guidance notes amended from 'Public and team members can share toilet facilities. Applicable legislation should be observed.' to 'There are minimum requirements for team welfare relating to: -Provision of sanitary conveniences -Facilities to wash -Facilities to store clothing See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm Public and team members can share toilet facilities.'
16.1.12	Guidance notes added – 'There are minimum requirements for team welfare relating to: -Facilities to rest and eat food See HSE guidance on workplace health, safety and welfare: http://www.hse.gov.uk/pubns/books/l24.htm'
16.2.1	Guidance notes amended from 'The necessity for separate facilities however will be considered in light of the size of the practice. For example, if there were less than five members of staff at a practice then they would not need to meet the additional requirements in order to achieve GP accreditation.' to 'The necessity for separate facilities however will be considered in light of the size of the practice. For example, if there were three or less members of staff at a practice then they would not need to meet the additional requirements in order to achieve GP accreditation. This must be in place by 2025.'
16.2.2	Guidance notes amended from 'Team members are aware of the need to provide a hygienic and tidy front practice.' to 'Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.'
17.1.7	Requirement added – 'Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the operating area.'
17.2.1	Requirement wording amended from 'Sterile packs for emergency surgery must be available at all times.' to 'Sterile packs for emergency surgery must be available at all times. There must be a practice policy on sterilisation of instruments.'

17.2.2	Guidance notes added – 'Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.'
17.2.3	Guidance notes amended from 'This could include portable devices.' to 'A laptop, mobile X-ray viewer, digital display screen or hard copy showing real size images would be acceptable.'
17.2.4	Requirement wording amended from 'Sterile gloves and gowns must be available and used where appropriate.' to 'Sterile gowns and a range of sizes of sterile gloves must be available and used where appropriate.' Added to guidance notes 'Latex free gloves should be available as required.'
17.2.5	Added to guidance notes 'This should include regular deep cleaning of the operating theatre.'
17.2.6	Requirement added – 'Where surgical site infections have not responded to appropriate antibiotic usage, bacteriology is routinely performed and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).'
17.3.2	Requirement wording amended from 'Scrubbing up facilities must be provided with suitable elbow, foot or electric eye operated taps, which are adequately screened from the operating table.' to '"Scrubbing up" facilities that are adequately screened from the operating table must be provided, with taps that can be operated by the person scrubbing up without breaking sanitisation of scrubbed hands.'
17.3.10	Requirement added – 'Bacteriology is routinely performed in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).'
17.5.1	Added to guidance notes 'This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.'
17.5.15	Requirement deleted.
17.5.20	Requirement wording amended from 'Scrubbing up facilities are available with suitable elbow, foot or electric eye operated taps.' to '"Scrubbing up" facilities are available, with taps that can be operated by the person scrubbing up without breaking sanitisation of scrubbed hands.'
17.5.21	Added to guidance notes 'Monopolar or bipolar electrosurgery are acceptable, but thermocautery is not.'
17.5.35	Requirement added – 'Surgical laser is available and used appropriately.' Award points 10.
17.5.36	Requirement added – 'The practice routinely uses safe surgery surgical checklists.' Guidance notes 'Further information and a case study on implementing checklists can be found on the RCVS Knowledge website: https://knowledge.rcvs.org.uk/quality-improvement/tools-and-resources/checklists/.' Award points 30.
17.5.37	Requirement added – 'The practice participates in benchmarking exercises.' Guidance notes 'For example, the International Colic Surgery Audit (https://www.internationalcolicaudit.com/).' Award points 10.
17.5.38	Requirement added – 'Bacteriology is routinely performed in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).' Award points 20.

Summary	
Meeting	Council
Date	5 March 2020
Title	Advancement of the Professions Committee Minutes
Summary	Minutes of the meeting held on 11 February 2020
Decisions required	None
Attachments	None
Author	Ceri Chick Secretary APC, Fellowship Board 0207 856 1034 c.chick@rcvs.org.uk

Classifications		
Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	N/A

[1]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.

[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	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

Draft Minutes of the Advancement of the Professions Committee held on Tuesday, 11 February 2020 at 2pm at Belgravia House, 62-64 Horseferry Road, London SW1P 2AF.

Members:

	Dr C J Allen	Council Member
	Professor D Argyle (Chair)	Council Member
	Professor John Innes*	Chair, RCVS Fellowship Board
	Ms A Boag*	Senior Vice-President and Leadership lead
	Dr N Connell	President, and Chair, Diversity and Inclusion Group
	Professor S Dawson	Chair, Mind Matters Initiative
	Ms L Lockett	Chief Executive
	Miss R Marshall	Chair, Veterinary Nurses Council
	Mrs J Molyneux*	Chair, Board of Trustees for RCVS Knowledge
	Dr C Tufnell	Innovation and Global lead
	Mr T Walker	Lay Council Member
In attendance:	Mr A Roberts	Director of Leadership and Innovation
	Mr B Myring	Policy and Public Affairs Manager
	Mr O Glackin	Leadership Initiatives Manager
	Miss C Chick	Leadership Initiatives Officer
	Dr G Wild	Policy and Public Affairs Officer
	Mr I Holloway	Director of Communications

*absent

Welcome and apologies for absence

1. The Chair welcomed all present to the meeting of the APC.

2. Apologies were received from:
    - Ms A Boag
    - Prof J Innes
    - Mrs J Molyneux

Declarations of Interest

3. Declarations of interest were received from:

    Dr C Tufnell: In relation to the agenda item updating Committee members on the Fellowship, Dr Tufnell declared he had put forward an application for Fellowship of the RCVS.

Minutes of the last meeting, held on 12 November 2019

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

Updates from APC workstreams

5. 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 Feb AI01).

6. 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

7. It was noted that a Mind Matters Initiative stream was hosted at the 2020 Society of Practising Veterinary Surgeons (SPVS) / Veterinary Management Group (VMG) Congress, held at the Celtic Manor in Newport. This stream was chaired by the presenter and broadcaster Clare Balding and addressed issues surrounding diversity and inclusion, and the links to mental health and wellbeing. This was well received by the congress delegates who were in attendance.

8. The Committee noted that work was needed to support veterinary students at university to ensure good mental health, without isolating individuals. This notion should also be carried through to the profession.

9. In response, it was highlighted that there is an intention to organise a roundtable meeting with representation from every UK vet school to discuss and share good practice in supporting students.

Fellowship

10. It was noted that the Fellowship had increased communication activities in the last quarter. Consequently, the number of applications had increased from last year's round of applications, and more were expected before the deadline for Fellowship applications on 17 February 2020.

11. At the last Fellowship Board meeting, held in December, it was agreed that the RCVS would hold an election for Vice-Chair of the Fellowship in the spring of 2020. It was noted that the process would follow that of the election held last year for Chair of the Fellowship Board.

12. In relation to other activities, it was noted that the Fellowship intended to work with RCVS Knowledge to develop Veterinary Evidence Journal Summaries and the Fellowship is also in the early stages of developing a mentorship scheme, the remit and parameters are to be confirmed through ongoing discussion.

13. A Fellowship Day Organising Group had been set up to help ensure the development of an engaging and well-attended Fellowship Day. The date for this year's event had been set for 2 October 2020 and will be held at the Royal Institution of Great Britain.

14. There was a discussion about how to increase attendance at Fellowship Day. It was noted that the RCVS would not be asking for donations from Fellows for the day. It was suggested that the RCVS could reposition their communication strategies by highlighting that the event is an opportunity for free continuing professional development (CPD), and by recruiting a well-known keynote panel chair for the event.

15. In discussion it was suggested that:
    a) Themed panel discussions at Fellowship Day could provoke exciting debate;

    b) The name of the event could be updated to highlight the accessibility of the event for individuals who are not current Fellows;

    c) Further discussion was required as to whether Fellowship Day should remain in its current form, or whether it should be a smaller event aimed at welcoming new Fellows.

16. The Chair highlighted that the issue of diversity within the Fellowship was an important area for action, and that Fellows should be actively recruiting individuals from diverse backgrounds.

17. It was discussed whether the Fellowship should adopt a nomination system to increase diversity, where Fellows are encouraged to nominate women and individuals from diverse backgrounds. It was agreed that this might not be the way forward as a nomination system could create exclusivity within the Fellowship, which the Board is keen to avoid.

18. It was suggested whether Fellowship applications could run two or three times a year instead of once, however there were concerns about the cost of implementing such a system.

19. It was suggested that application support and guidance could be provided at Fellowship Day, where current Fellows and RCVS staff could assist applicants with the forms. It was also suggested that "Application Surgeries" could be organised to assist applicants in a workshop format.

20. It was noted that the Committee strongly recommends that the Fellowship Board consider these suggestions, and to highlight to the profession that Fellowship is not only for academics. The Committee Secretariat was invited to relay these suggestions to the Fellowship Board.

Action: APC Secretariat

21. It was noted that the Chair of the Fellowship Board and RCVS President met with representatives from the UK Health Alliance on Climate Change (UKHACC) to discuss whether the Fellowship could play a role in its activities. It was agreed that being a part of this organisation requires greater commitment than the Fellowship would be able to offer. It was agreed that there was a need for greater internal discussion within the RCVS as to what role the Committee and Fellowship could play.

22. It was noted that the Fellowship should consider what role the veterinary professions could have in tackling climate change, as this was high on the political agenda. It was suggested that this could tie in with the innovation workstream's ViVet initiative. It was noted that the profession has an obligation to engage with critical societal issues such as this and that it ties in with recruitment, as students are highly motivated by this subject.

Global Strategy

23. It was noted that there was ongoing work to develop a "twinning proposal" with the World Organisation for Animal Health (OIE) and Botswana had been proposed by OIE as a location

where the RCVS could add significant value by providing guidance and expertise on veterinary regulation.

24. The Committee agreed that the Global Strategy workstream should develop more detailed proposals, and it was noted that this would demonstrate the global reach of the RCVS in improving veterinary standards across the world. This was in accordance with the ambition to 'share knowledge with developing countries to help raise standards' as outlined in the previous strategic plan.

25. The Committee agreed that there was a need to keep RCVS Council informed as to the governance route for this area of work and that this work should also be added to the Risk Register.

Innovation

26. The Committee was updated on the activities of the ViVet initiative and attention was drawn to how it was being developed in 2020, specifically the work that was underway to create a detailed plan for the year and a series of themed months focussing on particular aspects of the innovation process. For example, one month might focus on 'intrapreneurship' and this theme would provide the topic for blogs, case studies, webinars and workshops. This would bring coherence to the multiple strands of the initiative and help draw out all the factors that contribute to successful innovation.

27. Dr C Tufnell, the Council Innovation Lead, asked the Committee for the opportunity to bring back a paper reflecting on the first two years of the ViVet initiative and outlining the role and scope of the initiative in the future, with a view to such a paper ultimately going to Council for discussion.

28. In discussion it was noted that more clarity could be provided on the website as to the scope of ViVet and the nature of advice and guidance given. Furthermore, it was noted that, to date, ViVet has not looked at the ethics of innovation, but that this could be a relevant and valuable topic of focus in the future.

Leadership

29. The Committee's attention was drawn to a proposal to begin work to develop a leadership framework or standard that would highlight the leadership competencies required of veterinary professionals at various stages of their careers.

30. It was noted that a reflective self-assessment framework of leadership competencies and core values should be developed with the aim of setting a goal for professionals, rather than a prescribed standard. It was noted that this should be accessible and simple to understand.

31. The Committee gave approval to begin the development of such a framework.

Mind Matters Initiative

32. The Committee were updated on the Mind Matters Initiative and the Committee's attention was drawn to the following issues:

    a) A key recommendation of a report reviewing the impact of the RCVS disciplinary process on the mental health and wellbeing of those going through the process, was the development of buddying scheme for people going through it. This had been approved in principle by RCVS Council, and the operation of it would be discussed by the Preliminary Investigation Committee/Disciplinary Committee Liaison Committee in February;

    b) It was noted that veterinary professionals were frequently called upon to support the mental health and wellbeing of clients but do not always know how best to do this - MMI was looking into the development of a package of training and guidance;

    c) This year's application round for the Sarah Brown Mental Health Research Grant had been launched and MMI was working with RCVS Knowledge to develop proposal-writing workshops, to assist those interested in applying for grants.

RCVS Knowledge

33. In the absence of a representative from RCVS Knowledge the Committee noted the update and discussed the following issues:

    a) A closer link needed to be fostered between the Fellowship and RCVS Knowledge / *Veterinary Evidence* and the role of the Fellowship Science Advisory Committee in this regard should be clarified;

    b) The Plowright Prize, which recognised significant contributions to the field of infectious diseases in animals, was now open and the Committee was asked to help publicise the prize;

    c) RCVS Knowledge had hosted a well-attended and well-received stream on continuous quality improvement at the recent SPVS/VMG Congress.

VN Futures - update

34. The Chair of the Veterinary Nurses Council provided an update noting that a series of webinars focusing on maximising the value of veterinary nurses had attracted over 275 views and that work was underway to develop a pilot School Ambassadors programme to promote the VN profession to school-age children.

Developing a unifying programme: Advancing the professions through primary care practice

35. The Committee discussed a paper which built on discussions at the previous meeting about the development of a unifying programme that would focus on 'advancing the professions through primary care practice' and outlined proposals for what such a programme might look like and how the current workstreams reporting to APC could support its delivery.

36. It was noted that a meeting of workstream secretaries was convened in order to develop the paper and consider how each workstream might contribute to its delivery. In the meeting, as each workstream discussed potential activities, it became clear that these coalesced around the issue of 'recruitment and retention in primary care'. Subsequently it was agreed with the Chair that by focussing such a programme on 'recruitment and retention in primary care' it would address a current and critical issue in the profession and answer questions as to why this programme was of relevance now.

37. The Committee agreed that recruitment and retention provided a meaningful focus and helped to ensure the scope was manageable. It was, however, suggested that the programme should focus on celebrating primary care and the value it provided, with recruitment and retention as a sub-text.

38. In discussion it was noted that:
    a) Such a programme should not focus solely on veterinary professionals, but also consider primary care from an animal and client perspective, including issues such as the accessibility and affordability of veterinary services;
    b) The programme should take a long-term view looking at the changing shape of veterinary primary care;
    c) The programme should seek to help new graduates develop the skills and confidence to thrive in primary care.

39. The Committee discussed the terminology that should be used in naming the programme, specifically whether 'primary care', 'general practice' or 'first-opinion practice'. After a discussion it was agreed that the term 'general practice' most appropriately described the

scope of the programme and it was most easily understood by the profession and public. Furthermore, 'general practitioner' is a term used regularly by veterinary professionals to describe themselves and their role. It was noted that research could be undertaken to refine the terminology as the programme developed.

40. The Committee discussed what they wanted the programme to achieve, noting that the programme should aim to: raise the profile and understanding of the value of general practice; make those working in general practice proud to be a veterinary professional and MRCVS; improve understanding as to the contributory factors behind recruitment and retention issues; improve satisfaction in the professions.

41. The Committee agreed that the programme needed to be more than just a report, and that it should also provide a benchmark from where the profession can measure change and insights into critical issues such as why people are leaving the Register.

ACTION: Secretariat and Chair to develop the programme plan and liaise with workstream secretaries regarding their contributions to its delivery.

Any other business

42. The secretary noted that the Committee needed to appoint a Vice-Chair. To this end an email would be circulated inviting nominees and a vote would be held if more than one name was put forward.

43. The Chair encouraged members to put themselves forward for the role of Vice-Chair.

ACTION: Secretary to circulate email inviting nomination for Committee Vice-Chair.

44. The Committee was invited to contact Anthony Roberts or Lizzie Lockett with any feedback or questions in relation to the results and analysis of the Surveys of the Veterinary / Veterinary Nursing Professions, which had been circulated to members.

Date of next meeting

45. The Chair closed the meeting noting the date of the next meeting was confirmed as the afternoon of 5 May 2020.

Summary	
Meeting	Audit and Risk Committee
Date	1 November 2019
Title	Audit and Risk Minutes
Summary	Minutes of Audit and Risk 1 November 2019
Decisions required	None
Attachments	Appendix
Author	Alan Quinn-Byrne Governance Officer/Secretary a.quinn-byrne@rcvs.org.uk / 020 7227 3505

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	**Confidential**	**1, 2, 3**

[1]Classifications explained	
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Private	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

Minutes of the Audit and Risk Committee held on 1 November 2019 at Belgravia House, 62/64 Horseferry Road, London SW1P 2AF

Members:

Ms E Butler	Chair
Professor D Bray	
Professor S May	
Mr V Olowe	
Ms J Shardlow	Vice-Chair

In attendance:

Dr C P Sturgess	Treasurer
Ms L Lockett	CEO
Ms C McCann	Director of Operations (DoO)
Ms L Lipman	Practice Standards Scheme Senior Manager (PSS), Agenda item 13
Ms G Kingswell	Head of Standards, Agenda Item 13
Mr A Quinn-Byrne	Secretary to ARC / Governance Officer

Apologies for absence

1. There were no apologies for absence.

Declarations of interest

2. The Chair informed the Committee of a recent appointment, it was noted that it had no potential conflict of interest for the RCVS.

3. Professor Bray informed the Committee of a recent appointment, it was noted that it had no potential conflict of interest for the RCVS.

Minutes of the meeting held on 10 July 2019

4. The minutes of the meeting held on 10 July 2019 were accepted as a true record. Some minor corrections to the minutes for the Secretary to amend were as follows:

i. The word '*veterinary'* be removed on the first line of point 12 of the minutes.
ii. Point 16 of the minutes related to Data Protection, this needed to be made clearer around personal/sensitive personal data.

5. Point 18 on the minutes, which concerned the rolling out of a safeguarding policy, was discussed. Further clarification was requested on how the RCVS Safeguarding Policy was being monitored for staff compliance. It was noted that the Policy contained a reporting mechanism for staff to report any issues. It was also noted that all staff policies were reviewed on a regular basis, could be viewed by staff at any time and were published online.

6. It was noted that safeguarding in particular was an issue that may not be a continuous risk, but if something was to go wrong it could crystallise as a major risk to an organisation. It was also advised that a pro forma be completed by staff when running events to ensure they are dealing with and thinking about any safeguarding issues that may arise before or at an event.

7. There was wider discussion on policy review across the RCVS. It was suggested that there should be a time-tabled review mechanism for policies and to categorise the higher priority polices that could have more risk associated with them. It was also suggested that staff were made more aware of their obligations under College policies.

8. The ARC will require a review in 6 months of Safeguarding to ensure policy is working.

9. The Governance Officer is to set up a Register of Policies with renewal dates and to put in place a system of policy review with the guidance of the Director of Operations (DoO), Director of HR and the CEO.

Actions:
Point 12 and Point 16 of the Minutes to be corrected in ARC July 2019 Minutes
Safeguarding Policy implementation plan to be reviewed in 6 months by ARC
Pro forma be created for safeguarding prior to staff engaging at events
Governance Officer to set up a Register of Policies with a regular review period

Matters arising

10. The review of the Charity Governance Code against the RCVS Governance system was a 'standalone' item on the Agenda and would be dealt with separately within this set of minutes.

11. Confidential information is available in the classified appendix at paragraph 1.

12. The following issue with RCVS Insurers had been queried: the extent to which the RCVS was insured to engage in Mind Matters activities. The Insurer has confirmed to the Governance Officer that the work carried out by Mind Matters is covered in the RCVS insurance package.

13. The RCVS Business Continuity Plan was currently being updated and would be an agenda item at a session of Senior Team to test the plan. A copy of the Plan would come before the Committee for discussion in February 2020.

14. The need for an assurance map was highlighted and the DoO confirmed that she would be working on this document.

15. It was queried when would be a reasonable time for the Committee to get the next update on ENQA. It was noted that an update on key deliverables was expected at the February 2020 meeting.

16. A Central Fraud Policy was being drafted by the DoO and would go to Senior Team for review. It would come back to the Committee in February 2020 for discussion.

17. The implementation of security clinics for Council members and training on cybersecurity was to be rolled out by the Chief Technology Officer (CTO). An update on a timeline for this would be sought.

18. The General Data Protection Regulation (GDPR) and Data Protection induction training for new Council members was held as part of their overall induction to Council. A guidance document was being prepared for all Council members and would be emailed to them before the end of December.

Actions:

Updated Business Continuity plan

Draft Assurance Map

Update on ENQA

Draft Central Fraud Policy

IT Security and GDPR Training for Council members

CEO Update

19. The CEO outlined the report before Committee and gave an update on activities since the last ARC meeting in July 2019. She commented on several issues which were as follows:

20. It was noted the RCVS Strategic Plan 2017-2019 would come to an end this year and work had been undertaken to develop a new five-year strategy. It was noted that this would continue to be an inclusive process involving staff, Senior Team, Officers and Council.

21. It was confirmed that Council would see a draft of the new Strategic Plan 2020-2024 at November Council for discussion. This would then come before January 2020 Council for agreement.

22. It was acknowledged that in the current Strategic Plan some areas had been slower to develop than others; namely the international ambition stream of work.

23. Four key themes were highlighted that would emerge as part of the new Plan, which were:

Clarity – This would centre on bringing more clarity to the RCVS regulatory and legislative function, particularly working on the 'grey areas' left from working with an old piece of legislation, the Veterinary Surgeons Act (VSA) 1966.

Compassion – This would focus on working toward being a more compassionate regulator, throughout all aspects of the organisation, from regulatory functions, Continuing Professional Development (CPD) and how we communicate with the public.

Courage – This area of the Plan focussed on developing leaders and a profession fit for the future while focusing also on mental wellbeing and innovation.

Capability – This area of the Plan would focus on the operational side of the business and whether the structure and financial plan was a fit for the strategic objectives of the RCVS.

24. The CEO reiterated that the development of the Strategic Plan had been an inclusive process since October 2018. It was clarified that subsequent to the draft plan being brought before Council in November 2019, it would be discussed further within group feedback sessions with a small group of stakeholders and thereafter brought back to Council again for approval in January 2020.

25. There was discussion about the need to look at the issue of blame culture and ensure this was being assessed under the compassion element of the strategic plan.

26. The need to collate and utilise the vast amount of information that the RCVS is a party to was highlighted. It was important to include this within the Plan when working across the sector and our own internal communication team to strengthen the communication channels from the RCVS to the profession and the public.

27. It was commented that it was important to maintain high levels of public engagement. The CEO said that setting up a 'client panel' was included in the Plan and that the outreach programme via public-facing events would continue.

28. It was noted that it was important in relation to the Risk Register to ensure that the Strategic Plan was aligned with it, so the College continued to capture risks as they emerged through the development and roll out of the plan over the coming years.

Action:

Ensure Strategic Plan aligns with Risk Register

Brexit

29. The political situation surrounding Brexit continues to have policy and legislative effects on veterinary-related services and the work of the RCVS. Some areas of RCVS work that has been impacted are as follows:

    i. Confidential information is available in the classified appendix at paragraphs 2 (i and ii)

Discussion on the crossover of Finance and Resources Committee (FRC) with Audit and Risk Committee (ARC)

30. A discussion took place regarding the delegation of work between the FRC and ARC.

31. It was noted that the Chairs of both Committees had a detailed discussion prior to this meeting. In order to avoid duplication of work from both Committees, a draft joint document had been compiled and would be sent around to both Committees through the Secretary of both ARC and FRC.

32. The work was differentiated between the Committees by their respective responsibilities. It was noted that FRC would focus on resources within the budget and financial expenditure; whilst ARC would focus on risk and assurance. It was acknowledged there may be overlap between both Committees, but this could be minimised by the chair of FRC attending ARC as an observer. The joint document would be discussed at the ARC meeting scheduled for February 2020.

33. A joint meeting of both Committees to review the annual accounts was proposed to avoid duplication of work. The Secretary of the Committee would arrange this.

Actions:

Chairs of both ARC and FRC to share document on crossover of work
Secretary to set up joint ARC and FRC meeting for review of accounts.

Audit planning letter

34. The annual audit planning letter was discussed. Representatives from the Auditors, Crowe, sent their apologies as they could not be present at this ARC meeting. Key discussion points in relation to the audit planning letter were:

    i. Confidential information is available in the classified appendix at paragraph 3 (i – v)

Update on Central Fraud Policy

35. The DoO confirmed that a review had taken place of the Charity Commissions guidance on fraud.

36. Confidential information is available in the classified appendix at paragraph 4.

37. The Committee was satisfied that this area was being considered and an update on the matter would come before ARC in February 2020.

Action: Draft Central Fraud Policy

Estate Strategy Update

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

Corporate Risk Register and update on Magique

39. The Governance Officer gave an update on the implementation of the new risk register system Charity Magique. He had been working alongside the director/head of each department over the last two months to review the risks on the register and had started building the electronic version of the RCVS Risk Register with the help of Audit partners, Crowe. This was still currently within the development stages and progress was moving at a positive pace. It was advised that momentum be kept up with the various departments as losing this momentum will have an impact on the success of the online risk register.

40. The Committee praised the work of the Risk Register implementation and commented on the difference it had and would continue to make. It was noted that this was a huge leap forward for the RCVS in how risk was assessed and reported.

41. Confidential information is available in the classified appendix at paragraph 6

42. Confidential information is available in the classified appendix at paragraphs 7 (i-iv)

Departmental Risk Register (Practice Standards Scheme)

43. Confidential information is available in the classified appendix at paragraphs 8-19

Charity Governance Review

44. The DoO and Governance Officer have been assessing best practice in governance using the Charity Governance Code Template.

45. The template had been modelled in line with the RCVS governance structure, a discussion will take place at Senior Team and a draft document of the review will be presented to ARC in February 2020.

Action:
Charity Governance Code update from Governance Officer

Future topics for discussion

46. The Committee discussed what departmental risk register should they review next. It was suggested that the Education Risk Register and HR Risk Register should be considered by ARC in February 2020.

47. A draft schedule for the Committee to review what registers had recently come before them was requested. The Secretary would do this and forward to the Committee.

48. It was further requested that an assurance mapping document come before ARC in February 2020.

Actions:
Draft Schedule of Registers
Assurance Mapping Document to be drafted

Any other business

49. The Committee appointed Ms Shardlow as Vice-Chair of the Committee.

Date of next meeting

50. The next meeting will be held on 13 February 2020.

Summary	
Meeting	Council
Date	5 March 2020
Title	Education Committee Minutes of the meeting held on 11 February 2020
Summary	Education Committee Minutes of the meeting held on 11 February 2020
Decisions required	To note
Attachments	Classified appendix
Author	Britta Crawford Education Manager b.crawford@rcvs.org.uk/ 020 7202 0777

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	
Classified appendix	**Confidential**	4

[1]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.

[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	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

RCVS SETTING VETERINARY STANDARDS

Education Committee

Minutes of the meeting held on 11 February 2020

Present:	Professor Ewan Cameron		
	Mr Danny Chambers		Also Adv Practitioner Panel Chair
	Ms Linda Ford	-	
	*Professor Richard Hammond		
	Mrs Susan Howarth		
	Dr Susan (Sue) Paterson	-	Chair
	**Dr Cheryl Scudamore		
	Professor Kenneth Smith		
	Professor James Wood		
	*Ms Katie Fox	-	Student representative
	Mr Tobias Hunter	-	Student representative
By invitation:	Professor Susan Dawson	-	PQSC Chairman
	*Professor Jill Maddison	-	CertAVP Sub-Committee Chair
	Mr John Fishwick	-	Chair of Specialist Sub-Committee
	Dr Joanne Dyer		EMS Co-ordinators Liaison Group
	*Professor Stephen May	-	Graduate Outcomes Working Group
In attendance:	Mr Duncan Ash	-	Senior Education Officer
	Mrs Britta Crawford	-	Committee Secretary
	Mr Jordan Nichols	-	Senior Education Officer
	Dr Linda Prescott-Clements	-	Director of Education
	Mr Jonathan Reid		Examinations Manager
	Ms Jenny Soreskog-Turp	-	Senior Education Officer
	Ms Laura Hogg		Senior Education Officer
	Ms Sam Eady		Education Assistant
	Ms Lizzie Lockett	-	CEO
	Dr Niall Connell	-	President

* Absent
** by phone

Apologies for absence and welcome

1. Apologies were received from Stephen May, Jill Maddison, Richard Hammond and Katie Fox.

Declarations of interest

2. Linda Prescott-Clements informed the Committee that she is now a Board member and Chief Scientific Officer for the European Board of Medical Assessors (EBMA) and Cheryl Scudamore informed the Committee that she is the South West Regional advisor for the clinical excellence awards in the NHS.

Minutes

3. The minutes of the meeting held on 12 November 2019 were approved.

Matters arising

4. The Chair updated the Committee as to relevant matters which had been discussed at Council. It was reported that regarding the Statutory Membership Exam (SME), Council had agreed that candidates who failed the OSCE component of their exam but passed the written could re-sit the OSCE the following year at a reduced cost. This would require an update to the Statutory Instrument and therefore need to be approved by the Privy Council Office.

ACTION: Education Department to organise the update and approval of the Statutory Instrument. To go to Council for approval.

5. The Committee heard that Council approved an update to the CertAVP Bye-laws (which had since been repealed) which had been amended to Rules and the accompanying Accreditation Agreement updated accordingly to reflect the changes.

6. It was reported that Council had received a report of the Graduate Outcomes work to date and approved the way forward for the different areas of work.

7. The Fellowship diploma, which was recommended by Education Committee to be approved by Council, was missed at the January Council meeting and would be brought forward for ratification at the March Council meeting. The candidate in question had been contacted to apologise for the delay.

ACTION: Fellowship proposal to go to Council in March

Education Department update

8. The Director of Education, Dr Linda Prescott-Clements, gave an oral update on the work of the Education Department. The Committee heard that that discussions had continued with senior team members around support for refugees taking the statutory membership exam. Discussions were being held with the Refugee Council around administration and proposals were moving forward.

9. The Committee members were given a brief update on the Statutory Membership Exam informing them that the deadline for applications is Friday 14th February and there were currently 20 applications (expected to rise before the deadline), which is an increase on last year.

10. Regarding the Global Agenda and the potential marketing of RCVS Advanced Practitioner status, the Committee heard that, Ben Myring from the Communications department has been tasked with exploring European networks to see if there is an appetite for using the status in Europe.

11. The Committee were pleased to hear that the Education Department were to be involved in presenting at external conferences: the CPD work at the Association for Medical Education in Europe (AMEE); the new style Statutory Exam at EBMA conference and Graduate Outcomes work at this year's VetEd conference in Surrey. Susan Dawson informed the Committee that Liverpool would also be presenting at AMEE on the Mind Matters Initiative.

CPD Audit

12. The Committee received the results from the 2019 CPD audit. A full report including trends and comparisons to previous years will be presented at the next meeting in May.

13. Following several years of falling levels of CPD compliance, the committee was pleased to see improvements with an increased response rate and more importantly that CPD compliance had increased.

Update from the CPD Referral Group

14. The committee received the minutes from the Referral group meeting on the 10th January 2020. Ms Ford briefed the committee about some of the discussions at the meeting.

15. The group had considered how CPD non-compliance should affect Practice Standards Scheme (PSS) accreditation and if practices should still be able pass an accreditation if vets/nurses in the practice had not met the CPD requirement. The Education Committee felt that the PSS scheme was a good opportunity to promote the CPD requirement and encourage engagement.

16. Following the introduction of the new policy and annual CPD requirement, the group will review the current procedures and the process for dealing with non-compliance in a separate workshop and report back to Education Committee in May.

17. The group reviewed cases of serial non-compliance that were referred last year; 69 vets were referred, 47 are now compliant and 9 will change their status to non-practising.

CPD Policy Working Party

18. The committee received and noted the minutes from the CPD Policy Working Party's meeting on the 30 January.

19. The feedback from the 1CPD trial had been positive and in the two weeks since the launch 13,105 users had logged in to either use the app or the website.

20. There had been discussions about whether veterinary surgeons who report their CPD to other professional organisations/regulators, such as the Royal College of Pathologists or specialist associations, need to record their CPD using 1CPD, or if their current records can be shared with RCVS. The Royal College of Pathologists are reviewing the format of recordings from 1CPD and they will contact the Education Department to explore whether it will be possible for members to export data to share with both organisations. The Committee felt that although ease of recording should be a priority, it is important to differentiate the emphasis and need of different organisations and one record might not necessarily fill the same requirement. RCVS will explore options to export and share data within the next year.

Graduate Outcomes

Day 1 Competences (D1C)

21. A recent draft of the guidance for the new conceptual model for the D1Cs and an updated list of competences was received and noted by the committee. The draft had also been circulated to the D1C sub-group of the Graduate Outcomes Working Party for comment, and it was anticipated that a final version would be put to the next Education Committee meeting for approval.

Professional Development Phase

22. The committee considered the purpose statement of the new programme presented in the paper, and approved it.

23. The Committee discussed the potential name of the new programme and felt that it should describe the purpose. The word ‘graduate’ was supported as this distinguished from postgraduate certificate programmes and was still relevant to others who might complete the programme such as those returning to work after time away from practice. The Committee settled on the name ‘Veterinary Graduate Development Programme’.

24. The Committee agreed the proposed make-up of the Entrustable Professional Activities (EPA) task and finish group but felt that it lacked membership from those in first opinion practice. They advised the Department to advertise for new members of the group who were general practitioners.

Action: Education Department to recruit practitioners to the EPA group

Extra-Mural Studies (EMS) / Clinical Education

25. Education Committee were asked to approve the Project Initial Document (PID) which outlined the proposed approach and methodology for the work on this area.

26. There was a question on the timeline for the project and if an end date had been set. As this work needed significant input and consultation with other groups, and was expected to be an iterative process, it was considered too early to set a definite date yet. Updates on the project would be a standing item on agendas going forward, and a more definitive schedule for completion of the work would be presented as soon as possible.

27. It was proposed that the same sub-group that had been formed for recent meetings would again be used, however members agreed that the make-up should be reviewed so it had further representation from first opinion practitioners on the group, as well as sufficient numbers of vet school representatives.

Action: Education department to recruit first opinion practitioners to this group

28. Education Committee approved the PID.

Review of Accreditation Standards and Processes

29. An update was presented to Education Committee on the progress with the review of RCVS accreditation standards and processes. It was reported that a literature review had been commissioned to look at the evidence published on accreditation processes and their impacts, both positives and negatives, as well as identifying methods which drive forward quality assurance. After receiving a number of high quality bids, RCVS chose to award the contract to the Australian Council for Educational Research (ACER), who produced an excellent presentation that demonstrated the best understanding of the RCVS' aims for this review.

30. Whilst the company is based in Australia, with a branch in the UK, the review was being undertaken against published and grey literature on an international scale, although they have limited the search to English language publications. The scope of the review will encompass literature relating to a variety of professional degree programmes and not just the veterinary sphere.

31. As part of the review of standards, a comparison of accreditation standards across the international veterinary accreditation organisations that RCVS works closely with had been completed, which captured where there were gaps or differences, as well as similarities, to the RCVS standards. The next step in this process will be to incorporate the standards from other, non-veterinary, professions in order to see if there are any areas that could be adopted by the RCVS.

32. In parallel, a review of the processes used to accredit programmes is under way. A series of semi-structured interviews with other regulators is being conducted to look at their processes of accreditation, again to highlight similarities or differences to those used by RCVS, or to identify any techniques which could help RCVS to put in place more robust measures of quality

assurance. It had also been agreed that a sample of vet schools, covering the various curricula models, would be interviewed to gather their perspective on the accreditation process.

33. A comparison of accreditation processes against the other veterinary regulators was also being undertaken. RCVS had already observed an American Veterinary Medical Association (AVMA) visitation in Auburn, Alabama, as well as a European Association of Establishments for Veterinary Education (EAEVE) visitation to Helsinki in Finland. An opportunity to observe a South African Veterinary Council (SAVC) visit to Pretoria in South Africa had also been scheduled. The observations already undertaken had highlighted some key differences in processes, but also emphasised certain strengths of the current RCVS procedures.

34. It had been agreed amongst the working party that once RCVS had a better idea of what shape accreditation would take moving forward, attention would be turned towards developing visitor training.

35. Education Committee felt that there would be merit in talking to the veterinary nursing department, as part of the semi-structured interviews, as they had recently changed their accreditation processes.

Action: interview with VN dept to be arranged

36. Assurance was also sought that this work would be undertaken with the EAEVE/Brexit discussion in mind. It was commented that a similar timeline was envisioned with the project being reported through the committees to Council in early 2021. It was also noted that RCVS was hosting the next meeting of the International Accreditors Working Group (IAWG) in June 2020, and as this was a closed session there would be an opportunity to present the direction of travel so that other accreditors were aware of the potential changes to come.

37. It was reported that the next review working party meeting was scheduled for March 2020 and that another update would be presented to Education Committee in May.

Primary Qualification Sub-Committee (PQSC)

Report of sub-committee meeting held on 10 December

38. The report of the PQSC meeting held on 10 December 2019 was received and noted. It was reported that the annual monitoring cycle had been completed and the veterinary schools had been written to with the outcomes of this review. A change in the Dean at CityU, Hong Kong, was noted and the new Dean had reaffirmed the University's commitment to obtaining RCVS accreditation. It was also reported that after some delay to the signing of the Recognition Order

(RO) for Surrey University, this had now been laid in Parliament and was due to come into force on the 18th February. Congratulations were again given to Surrey for this achievement.

Charles Sturt University (CSU)

39. It had previously been agreed to grant CSU the status of 'Accreditation for a shorter period' following identification of some deficiencies at their 2017 visitation. After a series of progress reports, which had been considered by PQSC and Education Committee, a report was presented in November 2019 that gave a detailed timeline for addressing the remaining minor deficiencies. Committees felt satisfaction that CSU was working towards meeting the recommendations from the last visit report and agreed to recommend full accreditation until the next scheduled visitation in 2024.

ACTION: RCVS grants Charles Sturt University in Australia "Full Accreditation" until their next scheduled visitation in 2024, subject to satisfactory annual monitoring reports.

Veterinary Council of Ireland (VCI)

40. An addendum to the Mutual Recognition Agreement (MRA) between the RCVS and the VCI was presented to the Committee, to state that where a veterinary surgeon had previously sat and failed the statutory membership examination, this MRA would not apply to their eligibility for registration and that they would need to pass the statutory membership examination before being admitted to the register of members.

41. The committee were in agreement that this closed an unintended loophole whereby a previously failed stat exam candidate could register under the terms of the MRA instead. The addendum had been agreed to by the VCI and Education Committee were content to approve the addition.

ACTION: Addendum to go to Council for approval.

Certificate in Advanced Veterinary Practice (CertAVP)

Minutes from the meeting held on 28th November 2019

42. Education Committee noted the minutes of the CertAVP sub-committee from the 28th November 2020.

43. Education Committee heard that to achieve a designated certificate in advanced veterinary practice you must take 60 credits of modules in the appropriate combination and then a synoptic examination. There is a significant amount of overlap of eligible modules between some designations. Currently, to gain a further designation, candidates are only required to take one further module to be eligible to take a second designation, assuming that the correct combination of modules have been acquired. The CertAVP sub-committee have put forward, that from May 2021 candidates will need to take at least three further modules in order to be eligible to take a

second synoptic exam. This would bring the practice in line with those designations that do not have a significant overlap of modules between designations. Education Committee agreed with the recommendation.

BC to write to update the CertAVP rules.

Project Plan for the CertAVP review

44. Education Committee approved the plan for the CertAVP review and noted that there would be some joint-working with the Advanced Practitioner review in order to avoid duplication.

Advanced Practitioner Status Review

45. The Committee received two draft questionnaires to be included in the Advanced Practitioner status evaluation. The first questionnaire will be sent to all currently listed and previously listed Advanced Practitioners. The second questionnaire will be sent to a random sample of veterinary surgeons who are not listed as Advanced Practitioners nor undertaking a CertAVP. There will also be a third questionnaire which is currently being drafted, that will be sent to all vets that either have or are undertaking a CertAVP, BSAVA or Harper Adams certificate but are not an Advanced Practitioner.

46. The Committee discussed whether there should be a survey for the public to determine their understanding of Advanced Practitioner status. It was determined that it would be more valuable to assess the understanding of the profession, at least in the first instance, as previous research had shown that the public are happy to trust their vet to take the appropriate action when referring. It was also suggested to contact the British College of Veterinary Specialists (BCVS) who may be doing some similar work in this area, which could feed into the research. The Committee approved the draft questionnaires.

Action: BCVS to be contacted for any relevant information

Specialist Sub-Committee

47. The minutes from the Specialist Sub-Committee (SSC) held in January were received and noted.

48. The Committee approved the additions and re-additions to the List of Specialists, as recommended by SSC.

49. SSC had also received a proposal from the Royal College of Pathologists, requesting a similar streamlined system to that of DipECVP and DipECVCP holders for new applications from holders of the FRCPath and DipACVP. If agreed, it was proposed that the full application would need to be provided for re-accreditation with RCVS after 5 years. SSC agreed that the proposal should be approved, but for holders of the FRCPath only, and recommended to Education Committee to approve the proposal on these grounds.

50. It was reported that the veterinary exam for the FRCPath was equivalent to a medical consultant level, and was also more than equal than the European College Diploma examinations in pathology. Therefore, Education Committee were in agreement, and the recommendation to allow for a streamlined system for *new* applications from holders of FRCPath, where they are required to provide proof of award and two references, was approved.

Risk Register

51. The Committee considered the departmental risk register. It was suggested that as Hong Kong is being treated as a new vet school that it should be added to the Risk register with the other new schools working towards accreditation.

52. The committee added a further risk to the register. Details are available in the classified appendix available in the appendix at paragraph 55.

Any other business

53. There was no other business.

Date of next meeting

54. Tuesday 5 May 2020 at 10am

Britta Crawford
Committee Secretary
November 2019
b.crawford@rcvs.org.uk

Summary	
Meeting	Council
Date	5 March 2020
Title	Minutes of Finance and Resources Committee (FRC)
Summary	Minutes of FRC Meeting held on 13 February 2020
Decisions required	To note the minutes
Attachments	Classified appendix
Author	Alan Quinn Byrne Governance Officer / Secretary to FRC a.quinn-byrne@rcvs.org.uk / 020 7227 3505

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	N/A
Classified appendix	**Confidential/Private**	2, 3, 5

[1]Classifications explained	
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Minutes of the Finance and Resources Committee (FRC) held on Thursday, 13 February 2019 at Belgravia House, 62/64 Horseferry Road, London SW1P 2AF

Members:

Dr C P Sturgess	Chair / RCVS Treasurer
Dr C L Scudamore	Education Committee
Mr C T Barker	RCVS Council Member
Dr C W Tufnell	Advancement of Professions Committee
Ms J S M Worthington	Lay Member RCVS Council
Mr M L Peaty	Standards Committee
Mr M E Rendle	Veterinary Nursing Council
Dr M A Donald	PIC/DC Liaison
Miss R M Marshall	Veterinary Nursing Council Chair
Mr T J Walker	Lay Member RCVS Council

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
Mr Michael Turner	Investec (Item 4 the agenda)

Apologies for absence

1. There were no apologies for absence.

Declarations of interest

2. There were no new declarations to note.

Standing Items

Matters Arising

3. It was suggested in November 2019 that each representative should inform FRC of current or upcoming projects/initiatives that could have a potential impact from a finance and resources perspective. It was decided that a quick report on the work of each committee in relation to such issues should be provided to the Secretary to include in the bundle before each meeting and these committee updates would now become a standing item on the FRC agenda. One

member completed this report and the Secretary will be reminding Committee reps to provide a report of their Committee for 7 May FRC Meeting.

4. The Chair is to arrange a meeting with the CEO, President, and Director of Operations, Registrar and Governance Officer on the FRC's role within the wider RCVS governance framework, with a view to having a wider discussion on RCVS governance.

5. Clarification was received from Investors on Tobacco industry investments.

Portfolio Presentation

6. Confidential information is available in the classified appendix at paragraphs 1-19.

Update from Director of Operations

a. Status of audit

I. Crowe is starting the annual audit process on Monday 24 February. Auditors will be based on site at RCVS for one week and report their findings to ARC and FRC on 7 May 2020.

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

III. It was queried whether there was a change in fees from the auditors, it was confirmed there was a small increase.

b. Budget 2020

The retention and registration fee increase has been approved by the Privy Council and therefore no changes to the budget are required.

c. Expenses and remuneration

The work on the expenses and remuneration review was ongoing. Preliminary Investigation Committee members (PIC) and Disciplinary Committee (DC) members had been consulted on rates and corresponding issues. It was queried why this process was taking a long time to complete, it was confirmed that due to regulatory factors for example IR35 requirements, the impact of any changes to the current policy were being looked at and this would be communicated to all Council/Committee members in near future.

d. Fraud and Data Protection

No items of fraud or data protection issues to report. A recent anti-fraud policy went before the Audit and Risk Committee (ARC) and no changes were made. A central fraud register is

being set up and will sit with the Governance Officer and Director of Operations This policy will be disseminated to all RCVS staff in the near future.

e. Recruitment current vacancies

Since the last FRC meeting in November 2019, the RCVS has had eight people leave and five new starters, the number of staff now on RCVS payroll is 124, including those on maternity leave.

Management Accounts

7. Confidential information is available in the classified appendix at paragraphs 21- 30.

Estates Strategy Update

8. Confidential information is available in the classified appendix at paragraph 31.

Items to note

Register and Registration Subcommittee

9. The Registrar highlighted the following three Register and Registration Subcommittee reports. Private information is available in the classified appendix at paragraph 32.

Appeals Committee

10. The Registrar highlighted that a review of the appeals process is being looked at for consistency of process so that appeals associated with various activities that the RCVS undertakes are consistent. An update on this will come back to FRC at a future meeting.

Under care

11. Confidential information is available in the classified appendix at paragraphs 33-40.

Reports of Committees

12. Confidential information is available in the classified appendix at paragraph 41.

Risk Register

13. The Governance Officer presented the RCVS's top 10 corporate risks to the FRC and updated the Committee on current progress on the positive implementation of the Magique electronic risk register system.

14. Crowe had uploaded all registers to the online system and training had taken place for designated staff members. An update on the system implementation would be brought forward to the next meeting.

15. It was noted that the more detailed risk register should be placed in the knowledge section of the FRC Boardpacks File. The Governance Officer confirmed this would be done.

16. It was discussed that a wider conversation may be needed on risk appetite with Council and the Governance Officer, DoO and CEO would discuss this.

Matrix of Work of RCVS

17. A mapping of work across the organisation is an ongoing project and an update on this area will come before the FRC in May 2020.

Staff Benefit

18. Confidential information is available in the classified appendix at paragraphs 42-46.

Update on managing requests for funding

19. There was discussion regarding developing a strategy for managing requests for funding to the RCVS.

20. The CEO, Treasurer and Director of Operations are to discuss the implementation of a process and update the Committee. It was noted that more accountability, or information, may be a requirement for those who benefitted from RCVS funding, an example could be they provide case studies or progress reports on the work they were undertaking.

Discussion on procurement policy

21. The Governance Officer is currently engaging with Senior Team to form a package / to do list for staff on a variety of items from contract management, procurement, requesting funding and this will all be clarified on 7 May 2020.

Future items for the agenda table

22. Governance Officer and Chair to discuss.

Governance update on storage of documents

23. A document was circulated to FRC on how to access core documents for this Committee on Boardpacks.

Dates of next meetings:

- 7 May
- 10 September
- 12 November

Summary	
Meeting	RCVS Council
Date	5 March 2020
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held on Monday, 10 February 2020 at 10am at Belgravia House, 62-64 Horseferry Road, London SW1P 2AF
Decisions required	n/a
Attachments	Classified appendix
Author	Nick Oldham Standards and Advice Manager n.oldham@rcvs.org.uk / 020 7050 5040

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Classified appendix	**Confidential**	1, 2, 3

[1]Classifications explained	
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[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	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

Minutes of the Standards Committee held on Monday, 10 February 2020 at 10 am at Belgravia House, 62-64 Horseferry Road, London SW1P 2AF

Members:	Prof D Argyle	
	Mr M Castle	
	Mrs L Cox	
	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 G Kingswell	Head of Standards
	Mr N Oldham	Standards and Advisory Manager
	Ms B Jinks	Senior Standards and Advisory Officer
	Ms K Bowles	Standards and Advisory Officer
	Mr N Connell	President (observer from RCVS Officer Team)
	Ms L Lockett	CEO
	Ms L Lipman	PSS Manager (Present for AI 3(c) and AI 3(d))
	Mr A Roberts	Director of Leadership and Innovation (Present for AI 3(a) and AI 3(b))
	Dr Celia Marr	BCVSp (Present for AI 3(c) only)
	Mr Terry Emmerson	BCVSp (Present for AI 3(c) only)

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the President to the meeting as an observer.

2. Apologies were received from Prof Argyle. Mrs Cox was delayed and arrived at 10:58am.

3. A declaration of interest was received from Martin Peaty, who stated his practice is part of the Practice Standards Scheme.

AI 1 Minutes of last meetings held on 11 November 2019

4. The Minutes from the last meeting were noted and agreed as accurate.

AI 2 Standards and Advice Report 2019

5. The Standards and Advice Manager introduced the report and advised that a draft Recognised Veterinary Practice ('RVP') framework had been prepared by a small group of the RVP Working Group, set up in 2019. The framework is nearing completion, and will be reviewed further by a

small group active in the field of clinical research, prior to the Working Group and a final proposal to the Committee. It is anticipated the framework will replace the existing Chapter (25) in the supporting guidance covering 'Recognised Veterinary Practice'.

6. The Chair congratulated the team on their work in 2019. The Committee suggested that more could be done to publicise the unsolicited compliments the team receives. The Head of Standards stated that such matters were under review.

Matters for decision

AI 3(a) UCOOH – Confidential (oral update/revised proposal)

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

AI 3(b) National Rep Survey Results – Confidential

8. Confidential information is available in the classified appendix at paragraphs 10 – 13.

AI 3(c) BCVSp proposal – Confidential

9. Confidential information is available in the classified appendix at paragraphs 14 – 20.

AI 3(d) PSS Standards edits – Core, farm, equine, awards

10. The paper was introduced by the Practice Standards Scheme Senior Manager. The Committee were advised that the Practice Standards have been reviewed and updated in line with the five yearly quality cycle, for projected rollout in 2020. In order to achieve this, Practice Standards Group (PSG) working groups edited all modules for each of the three species groups.

11. The Committee were reminded that it considered the Small Animal modules at its meeting in November 2019. The Committee generally approved the proposed edits, with minimal changes however the awards points had yet to be determined for small animal and so these were presented as part of this paper.

12. Although the Committee has already approved the Small Animal edits, the material changes to Core standards were not specifically highlighted and the Committee was asked to reconsider these, together with those for Farm and Equine which had now been approved by PSG.

13. Subject to some minor amendments, the Committee approved wide ranging edits to the PSS modules as proposed by the Practice Standards Group. The edits relate to all aspects of the scheme, i.e. small animal/farm/equine and awards.

Action: PSS team to make the suggested amendments

14. It was noted that changes to the Core standards of PSS have a universal effect as all practices are required to comply with them whether or not they are part of PSS. It was discussed that some

of the proposed changes to Core were more prescriptive than would usually be the case (given that the Code is principles based) and the Committee were asked for its views on these changes in particular. The Committee felt that more clarity was a good thing and the more guidance we can give practices, the better. However, it was noted that the supporting guidance and Core requirements are currently in different parts of the website and so it is possible that vets and practices may look at the supporting guidance and consider that they are compliant with their Code obligations without realising that they also need to check PSS Core. As such, the Committee stressed that where the Core requirements contain essential information for practices, this should be clearly reflected in the supporting guidance and/or signposted as appropriate.

Action: PSS team/Standards and Advice team

AI 3(e) Microchipping of equines

15. The Chair advised that in view of further information received from BEVA on the eve of the meeting, the paper would not be considered and would be brought back to the Committee in April. The Committee were content with this.

AI 3(f) Social media and online networking forums

16. The Standards and Advice Manager introduced the paper, which set out proposed amendments to the supporting guidance. The paper was prepared in order to address concerns raised by the Committee in November 2019, regarding the use of online platforms and forums by veterinary surgeons and nurses. The Committee had requested that proposed amendments specifically addressed the anonymous posting of offensive content that can amount to a hate crime.

17. Two case studies were also prepared for the Committee's consideration, addressing the same issues.

18. The Standards and Advice Manager advised that the case studies had already received positive feedback and requests to be shared. The Registrar advised that further thought would be given as to the appropriate channels to disseminate these case studies.

19. The Committee approved the proposed amendments to the supporting guidance and the two case studies prepared to support this additional guidance. The Committee also requested that a further case study, highlighting the positive uses of social media, be prepared.

Action: Standards and Advice Team

AI 3(g) Ownership of wildlife

20. The Head of Standards introduced the paper which set out the College's current position on the ownership of wildlife and proposed wording for additional guidance within Chapter 11 ('communication and consent') within the supporting guidance.

21. The Committee noted the paper and suggested minor amendments to the proposed guidance and Chapter 11, including;

- A clear wildlife cross reference at the top of the page.
- Signposting to Chapter 3 of the supporting guidance so veterinary surgeons are clear as to their obligations regarding first aid and pain relief for wildlife.
- Signposting to Chapter 14 of the supporting guidance 'client confidentiality' so veterinary surgeons know who to report clients to where wildlife is taken away that should be euthanised.
- A link to relevant legislation advising on the release of invasive species.
- Acknowledgement that members of the public who find injured animals may be emotionally affected.

22. Subject to these minor amendments, to be circulated by email, the Committee approved the draft guidance on the ownership of wildlife to be included in Chapter 11 ('communication and consent') of the supporting guidance.

Action: Head of Standards

Matters for report

AI 4(a) DC report

23. The Committee noted the report. No comments.

AI 4(b) Riding Establishments Sub-committee Report

24. The Committee noted the report.

AI 4(c) Practice Standards Scheme Report

25. The Committee noted the report.

Confidential matters for report

AI 5(a) Recognised Veterinary Practice Sub-committee Report

26. Confidential information is available in the classified appendix paragraphs 21 – 23.

AI 5(b) Ethics Review Panel (ERP) Report

27. Confidential information is available in the classified appendix paragraph 24.

AI 6 Risk and equality

28. The Head of Standards and the Standards and Advice Manager advised the Committee that they would be attending the College's Audit and Risk Committee on 13 February 2020 to present a paper outlining the risks faced by the Standards and Advice team and the measures implemented to mitigate those risks.

29. The Committee were advised that a further update on this paper would be provided in April.

Action: Head of Standards/Standards and Advice Manager

Any other business and date of next meeting

AI 7(a) ATT Pilot Scheme update CONFIDENTIAL

30. Confidential information is available in the classified appendix paragraph 25.

Date of next meeting

31. The date of the next meeting is 27 April 2020 at 10am.

Summary	
Meeting	Council
Date	5 March 2020
Title	Veterinary Nurses Council Report to Council
Summary	Minutes of the meeting of Veterinary Nurses Council (VNC) held on 12 February 2020
Decisions required	None
Attachments	Classified appendix
Author	Annette Amato Committee Secretary a.amato@rcvs.org.uk / 020 7202 0713

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Classified appendix	**Confidential/Private**	1,2,3,4,5

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RCVS SETTING VETERINARY STANDARDS

Veterinary Nurses Council

Minutes of the meeting held on 12 February 2020

Members:	Mrs Belinda Andrews-Jones		
	Miss Alison Carr		
	Ms Elizabeth Cox	-	Vice-Chair
	Mr Dominic Dyer		
	Dr Joanna Dyer		
	Ms Lucie Goodwin		
	Mrs Susan Howarth		
	Mrs Andrea Jeffery		
	Mrs Katherine Kissick		
	Miss Racheal Marshall	-	Chair
	Professor Susan Proctor		
	Mr Matthew Rendle	-	Vice-Chair

In attendance:	Mrs Annette Amato	-	Committee Secretary
	Mr Luke Bishop	-	Senior Communications Officer
	Dr Niall Connell	-	RCVS President
	Mrs Julie Dugmore	-	Director of Veterinary Nursing
	Ms Eleanor Ferguson	-	Registrar
	Mrs Victoria Hedges	-	Examinations Manager
	Ms Lizzie Lockett	-	Chief Executive
	Mr Ben Myring	-	Senior Policy and Public Affairs Officer
	Mrs Jenny Soreskog Turp	-	Senior Education Officer

Apologies for absence

1. There were no apologies for absence.

Declarations of interest

2. There were no new declarations of interest.

Obituaries

3. No written obituaries had been received, but the College had been notified that Mr Christopher House, who served as a member of VN Council from 2009 to 2013 as the Lantra

industry group representative, has died. Council stood to observe a minute's silence for all members and associates of the College who had passed away since the last meeting.

Minutes of the meeting held on 13 November 2019

3. The Minutes of the meeting held on 13 November 2019 were accepted as a correct record.

Matters arising

4. **Reference documents.** Following a request at an earlier meeting for accessibility to reference documents, a reference area had been created in Boardpacks, where Council members access the agendas and minutes. The VN Council Documents area in the Knowledge section of Boardpacks now contains the VNC membership and Terms of Reference, the list of standing items for meetings and the current VNC Strategy Plan. The Risk Register will be added to this section once it has been updated.

5. **VN Education Committee (VNEC) membership**. The Chair and Director of Veterinary Nursing would bring forward proposals for the selection of VNEC members to the next meeting of Council.

Action: Chair and Director of Veterinary Nursing

6. **Fees for newly registered RVNs.** The Chair confirmed that she had discussed the issue of annual fee notices issued to newly registered veterinary nurses, following concerns reported at the previous meeting, with the Director of Operations. It had been reiterated that nurses registering in the second half of the fee year pay a lower fee than those registering in the first part of the year to account for the fact that they are registered for a shorter time during that year. The acknowledgement of the application to register explains clearly that the fee paid for initial registration covers the current year and that the nurse will be contacted again regarding renewal for the forthcoming registration year.

CEO update

7. The CEO provided an oral update on some key activities since the previous meeting.

8. The Practice Standards campaign in November 2019 had gone very well, with mostly positive feedback.

9. The RCVS had attended two external events; the London Vet Show in November and the Society of Practising Veterinary Surgeons (SPVS) and Veterinary Management Group (VMG) Congress in January, at which the RCVS Mind Matters Initiative (MMI) stream had included a series of talks on diversity and inclusion, chaired by Claire Balding. The RCVS also had a stand at the Congress, promoting its latest and upcoming projects and initiatives including CPD policy changes, the Practice Standards Scheme and the RCVS Leadership initiative.

10. The VN Futures Career Progression Working Group had developed a series of webinars focused on the value of veterinary nursing, and MMI would be sponsoring a number of webinars looking at work recovery, eating disorders and OCD. It had also sponsored sessions at the Webinar Vet's Virtual Congress on mentorship and perfectionism, which were available as recordings free of charge. MMI had also recently launched the application period for the 2020 Sarah Brown Mental Health Research Grant. The RCVS Knowledge team will be providing a workshop to provide further guidance on completing grant applications.

11. The reports of the surveys of the veterinary and veterinary nursing professions, undertaken in 2019, had recently been published, with executive summaries for each of the survey reports giving an overview of some of the key statistics, and findings from each also being displayed in infographic form.

12. The 1CPD App had been successfully launched at the end of January with a very positive response.

13. The CEO thanked Council for its comments on the Strategic Plan at the November meeting. The final printed version is now being prepared and will be circulated when ready. The Senior team held an Awayday meeting the previous week to discuss how to resource the new plan. A member commented very positively on how well the plan reads, how inclusive it is of all elements of the professions and its evidence-based nature.

14. There was some general discussion on the potential impact of Brexit, including the effect of possible workforce changes in practice and the indirect impact on nurse roles. It was noted that the RCVS and BVA are working closely together and both organisations are responding to queries, as directed to them.

VN Education Committee (VNEC)

15. Susan Howarth, Chair of the VNEC, presented the report of the meeting held on 8 January 2020 and highlighted a few points in the report.

16. The University of Wales Trinity St David had not submitted any further appeal against its terminal accreditation status decision. Students will be required to pass the RCVS pre-registration examination on completion of their degree, before being permitted to enter the veterinary nurse register.

17. The Director of Veterinary Nursing intends to provide information for the RCVS website on funding and apprenticeships, with the relevant links included.

18. The Director of Veterinary Nursing and Qualifications Manager had carried out a week-long roadshow at the end of November to obtain feedback from users of the Nursing Progress Log to inform development of the new in-house recording tool, with generally positive and useful feedback. The IT developers are now working on the new recording tool.

19. The Committee had granted provisional accreditation to the University of Glasgow for its BSc(hons) veterinary nursing programme, in addition to the BSc degree in veterinary nursing. The reason the two programmes had not been accredited at the same time was due to a misunderstanding that had now been clarified.

20. The Committee had received a number of reports on audits and action plan monitoring.

21. The university which had been judged to be non-compliant due to non-submission of required documentation in response to its action plan, had been written to following the VNEC meeting with a deadline date for response. A satisfactory response had now been received.

22. Expressions of interest had been made by a number of institutions intending to apply for accreditation for delivery of the Certificate in Advanced Veterinary Nursing, covering a wide variety of programmes. Two accreditation visits had very recently been carried out and the reports would be presented to the next meeting of the Committee.

23. The Committee had agreed the terms of reference for the Pre-registration Examination Board, which would be chaired by Professor Elizabeth Mossop.

Continuing Professional Development

24. **CPD Audit 2019**. Council had been provided with the initial findings of the 2019 CPD audit at its previous meeting. Responses had been received from 95% of the veterinary nurses included in the audit, with 75% of respondents being compliant with the CPD requirement of 45 hours over three years, and 21% not currently compliant. The Senior Education Officer presented a paper showing a full analysis of the responses, together with information on some of the issues raised during the audit process.

25. Following the decision taken by VN Council that any RVN who was non-compliant for a successive three audits should be referred to the Referral Group, 43 RVNs would be referred to the group following the 2019 audit.

26. Council noted and approved the suggestions for the 2020 CPD audit. It was commented that with the move to outcomes-based CPD, in time the 15 hours per year requirement may become irrelevant.

27. Council congratulated the developers of the 1CPD App which had received very positive feedback.

CPD Referral Group.

28. The minutes from the meeting of the CPD Referral Group on 10 January 2020 were noted. In response to a query from the Practice Standards Scheme regarding the process for dealing with non-compliance now that the new annual requirement has been introduced, the

group will be reviewing the process.

29. Council noted the report on the follow-up of non-compliant veterinary nurses and veterinary surgeons and the actions taken, and also noted information on new referrals for non-compliance.

CPD Policy Working Party.

30. Council noted the minutes of the CPD Policy Working Party held on 30 January 2020. There had been a high level of engagement with the new 1CPD platform, and in the first week over 6,000 people have accessed 1CPD either by downloading the app or using the website. The videos on how to reflect have been especially popular.

Reports from RCVS Committees

Registered Veterinary Nurse Preliminary Investigation Committee (RVN PIC)

31. Council noted the report on the work of the RVN Preliminary Investigation Committee since the last meeting of VN Council.

Standards Committee

32. Belinda Andrews-Jones provided a brief update on the meeting of the Standards Committee on 10 February.

33. Subject to some minor amendments, the Committee had approved wide ranging edits to the PSS modules as proposed by the Practice Standards Group, relating to all aspects of the Scheme. The Committee had also agreed that where changes are made to the Core Standards, these should be reflected in the supporting guidance and/or signposted as appropriate.

34. The Committee had approved a change to the Social Media guidance in order to better advise the profession of their responsibility in relation to comments on social media platforms including anonymous online forums, including additional guidance on discriminatory comments. Supporting case studies had also been approved.

35. Subject to some minor amendments, the Committee had approved draft guidance on the ownership of wildlife to be included in Chapter 11 (communication and consent) of the supporting guidance.

36. The Committee had been advised that work on a new framework to help the profession better understand recognised veterinary practice, and to make their own judgements about recognised veterinary practice (RVP) in the course of their day-to-day practice, is progressing well. The small group will then report to the wider Working Group (which includes a veterinary nurse), before a final proposal is considered by Standards Committee.

VN Disciplinary Committee

37. There had been no meetings of the VN Disciplinary Committee since the previous meeting of Council, and no new cases had been referred.

VN Register report

38. Council noted a report showing statistics on the total number of registered veterinary nurses, including the number of new registrations, removals and restorations annually for the calendar years 2014 – 2019. Figures were also provided for the number of student enrolments for the past six academic years. The current number of RVNs is over 18,000.

39. It was commented that there had been a gradual decline in the number of overseas-qualified veterinary nurses entering the register in recent years, which it was likely to be attributable to the decision to exit the EU.

Communications report

40.. The Senior Communications Officer reported on a number of recent and forthcoming activities.

41. RCVS activity at the BSAVA Congress in April would include a dedicated VN Futures stream with sessions chaired by the VN Council Vice-Chair.

42. There would be two Veterinary Nurses' Days, on 12 and 13 May, held at London Zoo, to welcome newly registered nurses to the profession.

43. There had been a record number of nominations (thirteen) for the two available places on VN Council, and eight nominations for the three available places on RCVS Council. The accompanying information with candidates' biographies and statements was currently in preparation, and members of the professions were being asked to submit questions to be put to the candidates.

44. Preparation of the current edition of *RCVS News* is ongoing, and the next edition of *VN Education* would be published in the next few months.

45. As reported by the CEO, the reports of the surveys of the veterinary and veterinary nursing professions, undertaken in 2019, had recently been published, with full information and infographics on the RCVS website.

46. A press release was being prepared on an information day for prospective VN Disciplinary Committee members, to be held at the RCVS on 26 February 2020. It was hoped that this would encourage a number of applicants.

47. The launch of the 1CPD App, as reported previously in the meeting, had taken place successfully. Phase 2 of the project will focus on the experiences of reflection and use of the

1CPD platform.

48. A query was raised, in connection with the ever increasing number of RVNs, whether this could be flagged as a positive message. It was felt that it could only be a positive in relation to the market need and this was not clear. It was also noted that it is not known how many RVNs are currently on the Register but not practising, and this question is not asked at the point of annual renewal. It was suggested that many RVNs may be working part-time.

VN Council election

49. As previously reported, there had been a record number of thirteen nominations received for the available two places on VN Council. The election results would be known in time for the next VNC meeting in early May.

Policy and Public Affairs update

50. There were no items to report.

Awarding Organisations update

51. The Director of Veterinary Nursing reported that, as recently announced by City & Guilds, it had decided to withdraw veterinary nursing from its portfolio of qualifications, and would be accepting no new student registrations from September 2020. Following concerns expressed by the centres delivering its awards, City & Guilds had changed the certification end date to 31 August 2023, a positive decision which will allow new students a three year period to complete their award. The RCVS will continue to audit and monitor the City & Guilds programmes and affiliated centres until the certification and date.

52. One member expressed concern that students were anxious about the change. It was confirmed that the RCVS had put out a press release regarding the announcement, as well as an FAQ document on the website, and that centres were also providing information to their students. It was agreed that the FAQs would be updated when new developments occur.

53. This paragraph is available in the classified appendix at paragraph 1.

Period of Supervised Practice (PSP) review

54. The Director of Veterinary Nursing reported that the review had commenced, but there was nothing to report at present.

Date of next meeting

55. Wednesday 6 May 2020, at 10.30am.

Any other business

56. The Chair of VNEC drew attention to the continued need for accreditation visitors, especially employer representatives and student visitors. There are currently no FE student visitors and there is a vacancy on the VNEC for a FE student member.

57. It was reported that there had been a slight delay in the preparation of the RCVS Accreditation Standards for publication, but these would be published shortly.

Presentation to Andrea Jeffery

58. The Chair made a presentation on behalf of RCVS Council to Andrea Jeffery, who had been unable to attend RCVS Day July 2019. This was to mark her retirement as a member of RCVS Council after nine years' service, during which time she served as a member of the Advisory Committee, Education Committee, Education Policy and Specialisation Committee, RVN Preliminary Investigation Committee and the Science Advisory Panel.

Summary	
Meeting	Council
Date	5 March 2020
Title	Preliminary Investigation Committee and Disciplinary Committee Liaison Committee Report
Summary	Minutes of the meeting held on Thursday, 20 February 2020
Decisions required	None
Attachments	Classified appendix
Author	Hannah Alderton Secretary, PIC DC LC 020 7856 1033 h.alderton@rcvs.org.uk

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	
Classified appendix	**Confidential/Private**	1, 2, 5

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Minutes of the Preliminary Investigation Committee / Disciplinary Committee Liaison Committee meeting held on Thursday, 20 February 2020

Apologies for absence

1. Apologies for absence were given by Ian Arundale, Neil Smith and Suzanne Edwards.

Declarations of interest

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

Minutes of the meeting held on Thursday, 21 November 2019

3. The minutes from the previous meeting were approved with the acknowledgement that the terms of reference still referred to the Operational Board, it was stated that this change would be made alongside other small changes when an updated version of the Delegation Scheme went to Council in June.

4. From the action points of the previous meeting it was commented that Vetlife had been contacted in reference to their leaflet and was in the process of making updates.

Updates – general

5. The Committee was informed that the recruitment process for two new registered veterinary nurses (RVNs) to join the RVN Disciplinary Committee (RVNDC) was underway. An open day was being held for any interested applicants to attend and find out more about the position before putting in their applications with an independent recruitment company. The Registrar hoped for the positions to be filled by April.

6. It was stated that nearer the end of the year a similar process was being held for positions within Disciplinary Committee (DC) and Preliminary Investigation Committee (PIC), those who had been deferred from the last recruitment round would sit on the Committees however, the Committee was informed that there was a need for more to meet future needs / reserves so as not to cause disruption if anyone were to resign mid-term.

7. It was questioned whether there was ever any issue with attracting applicants. The response was that there was always a larger quantity of lay people applying and that the veterinary / veterinary nursing members were somewhat harder to encourage to apply. The Committee felt that the reason for this was because lay members were familiar with applying for these types of roles and also veterinary professionals may struggle with the idea of sitting in judgement on fellow members

of the veterinary community. The Committee agreed that an article written by members of the PIC or DC explaining the role may aid in the recruitment.

8. The Committee was informed that three new Legal Assessors had successfully been ratified by Council and were now available to be used in future DC hearings.

9. The outcome of the recent appeal to the Privy Council was relayed to the Committee and they were informed that the College had been completely successful and the DC's decision to remove the individual from the Register had been upheld. It was stated that it was an expensive process and the College would apply for a costs order

10. It was stated that the system was now in its finished state and that users were broadly happy with the usage and many of the small problems had been fixed. It was questioned as to whether there was any prediction as to how long this system would last and it was commented that there was not but they were happy to discuss the topic with the College's IT department.

Veterinary Client Mediation Service (VCMS)

11. It was questioned whether a request could be made to change the colours on the charts in the report from blues and greys as it was very difficult to decipher the different categories. It was stated that this could be requested.

12. It was stated that in the concluded case data there was a number of practices declining to engage and the Committee viewed this as a potential issue. It was questioned whether there could be a more detail given as to why? The Committee was informed that that level of detail would be given at the annual review, but the normal reasons for this were that the complaint had originally gone through the RCVS complaints process and so the practice may not feel there was any further merit in engaging, or that the complainant had been difficult to engage with and they did not wish to extend the contact..

13. The purpose of the 'closed outcomes' table was queried, and it was explained that the VCMS had previously been asked about this. Nockolds had acknowledged that essentially there were only two outcomes (resolved, and not resolved) but that the additional distinctions featured were more for their internal use. It was felt that the report felt as if it had been written for the use of the VCMS and only slightly altered for the Committee.

14. It was felt that within the profession there was a belief that the majority of complaints were merely fee-avoidance, it was suggested that there may be merit in publishing the figures relating to the issues complained about. The Committee agreed that it would be worth asking the Communications Department to consider some wider dissemination of the data.

15. The Committee felt that many complaints could have been avoided with better communication and customer service. It was suggested that the statistics could be made into a booklet for the veterinary schools so that they can quote them and explain how many complaints come through

and the reason behind them. It was confirmed that this was a good idea and could potentially be used by the Registrar in her lectures.

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

16. This information is confidential and available in the classified appendix at paragraphs 1-3.

PIC report

17. It was stated that there was nothing new to report.

DC report

18. The DC had been asked their opinion on the idea of reducing the quorum from five down to three, the main concern was in relation to the fact that the panel may not be balanced and in a smaller group an individual voice would hold more sway. The suggestion was also made that the quorum could be reduced to three but, at the discretion of the College and dependent on the complexity of the case be increased up to five. In response to this the Committee felt that as long as the recruitment process was trusted and there was suitable training, then they did not have concerns with an individual's voice holding more sway. It was also stated that although the Legal Assessors are not there to make any decisions they do ensure that the Committee's decision is within a range that is reasonable and can be justified.

19. It was questioned whether the College could ever appeal a decision of the DC. It was answered that theoretically the College could judicially review (JR) a decision but this had never been done and it was highly unlikely that there would be a situation where this would be considered.

20. There was an update on the Elefterescu judgement. It was outlined that it was a complex and difficult case for many reasons. The result of the appeal was that the Privy Council fully endorsed the DC's determinations and the case would act as a useful benchmark for similar matters in the future.

21. The Committee noted that the Respondent was unrepresented and made the comment that, frequently cases going to Appeal were when the Respondent represented themselves. It was commented that lack of representation was normally due to the fact that some individuals are only covered by professional indemnity insurance for negligence (and not the DC process (this was often the case for locums). It was also stated that the VDS never covers individuals for appeals.

22. It was questioned whether the Committee could be given the number of unrepresented Respondents and also those who don't show up versus the outcome of the case.

23. This paragraph is confidential and available in the classified appendix at paragraph 4.

Buddy system

24. This information is confidential and available in the classified appendix at paragraphs 5-14.

Feedback to Standards Committee v.v. Liaison Committee

25. It was stated that the Committee viewed a clause in the supporting guidance that outlined the different types of insurance would be useful, they felt it would reduce those who assumed they were covered for the disciplinary process but were not.

Any other business

26. An update on the prospect of changing the Standard of Proof was given. It was stated that the proposition had gone to Council, who had asked for additional information, including background information and analysis of the impact it would have had on previous cases. The plan was for this to go back to Council for review over the next few months, if the proposal was approved the College would then have a consultation. It was indicated that members of PIC and DC would also be asked their opinion on the matter.

27. It was stated that the Buddy System would go on the Mind Matters risk register.

28. The comment was made that the lack of diversity of PIC and DC could be a potential risk.

Date of next meeting

29. The date of the next meeting was confirmed on Thursday, 21 May 2020 at 10:00 am

Hannah Alderton
Secretary, PIC / DC Liaison Committee
020 7856 1033
h.alderton@rcvs.org.uk

Summary

Meeting	Council
Date	5 March 2020
Title	Preliminary Investigation Committee Chair's 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	Chris Murdoch Senior Case Manager c.murdoch@rcvs.org.uk Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	N/A

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Preliminary Investigation Committee

Chairman's Report to Council 5 March 2020

Introduction

1. This report provides information about the activities of the Preliminary Investigation Committee from January 2020 to February 2020 (25 February being the date of writing the report).

   Since the last Report to Council (which gave information to 13 January), there have been three Preliminary Investigation Committee (PIC) meetings: 22 January, 5 February and 19 February.

New cases considered by the PIC

2. The total number of new cases considered by the Committee at the eight meetings referred to above is 14. Of the 14 new cases considered,
   - 10 were concluded at first consideration by the Committee. Of these,
     - 6 cases were closed with no further action, and
     - 4 cases were closed with advice issued to the veterinary surgeon.
   - 4 were referred for further investigation, that is, further enquiries, visits and/or preliminary expert reports, and
   - None were referred to DC.

   No cases have been referred to the RCVS Health or Performance Protocols in the reporting period.

Ongoing Investigations

3. The PI Committee is currently investigating 19 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

4. There are 3 veterinary surgeons either under assessment or currently on the RCVS Health Protocol.

Performance Protocol

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

Professional Conduct Department - Enquiries and concerns

6. 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.

7. In the period 14 January to 25 February,

    - the number of matters registered as Enquiries was 378, and
    - the number of formal Concerns registered in the same period was 83.

8. The table below shows the categories of matters registered as Concerns between 14 January and 25 February.

Concerns registered between 14 January and 25 February

Description of Category	**Number of Cases**
- Advertising and publicity	1
- Client confidentiality	0
- Clinical and client records	0
- Communication and consent	9
- Communication between professional colleagues	1
- Conviction/notifiable occupation notification	1
- Equine pre-purchase examinations	0
- Euthanasia of animals	1
- Health case (*potential)*	1
- Miscellaneous	2
- Practice information, fees & animal insurance	2
- Referrals and second opinions	0
- Restoration application	1
- Treatment of animals by unqualified persons	0
- Use of samples, images, post-mortems and disposal	0
- Veterinary care	59
- Veterinary medicines	2
- Veterinary teams and leaders	0
- Whistle-blowing	1
- 24-hour emergency first aid and pain relief	2
Total	**83**

Data source – Profcon computer system concerns data.

Referral to Disciplinary Committee

9. In the period 14 January to 25 February 2020, the Committee referred three cases to the Disciplinary Committee (two of the matters related to the same Respondent). These cases relate to concerns surrounding false certification and alleged dishonesty.

Veterinary Investigators

10. The Veterinary Investigators have not carried out any visits during the reporting period.

Concerns procedure

11. At Stage 1 of the process, the aim is for the Case Examiner Group to decide 90% of cases within 4 months of registration of complaint (the Stage 1 KPI). Since the last report to Council there has only been one complete month to report, during which 82% of cases were decided within the relevant time-frame. We are obviously pleased with the significant improvement on December's figures, but acknowledge that there is still much to do, and we continue to strive to achieve the KPI in as many cases as possible.

12. The Stage 2 KPI is now for the PIC to reach a decision on simple cases before it within 7 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.

    In the period 14 January to 25 February, the PIC reached a decision (to close, hold open or refer to DC) within the relevant KPI,

    - in ten out of twelve simple cases (83%).

    Six complex cases were decided, of which three met the 12-month KPI. Of those that did not, one had been placed in abeyance for many months while the police considered whether a prosecution was appropriate; one missed the KPI by a matter of weeks, in part due to the Respondent being on extended leave and out of the country over Christmas; the other was a lengthy and complicated clinical matter in which delays occurred in obtaining information and to allow the Respondent further time to seek legal advice and provide further comment. In accordance with normal practice, those cases will be reported and discussed in detail at the PIC/DC Liaison Committee meeting.

Summary	
Meeting	Council
Date	5 March 2020
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	Sandra Neary Professional Conduct Officer s.neary@rcvs.org.uk / 020 7202 0730 Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk / 020 7202 0740

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	N/A

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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 26 November 2019, 14 January 2020 and 25 February 2020. The next scheduled meeting is on 31 March 2020.

RVN Concerns received / registered

2. Between 31 October 2019 and 25 February 2019 there were eleven new Concerns received against RVNs. Of these eleven new Concerns:

    - All are currently under investigation by the Case Examiner Group (a veterinary and lay member on RVN PIC and a Case Manager);

RVN Preliminary Investigation Committee

3. There have been two new concerns considered by the RVN PIC between 31 October 2019 and 25 February 2020. The RVN PIC decided that there was no realistic prospect of a finding of serious professional misconduct in the first case and in closing the concern; the RVN PIC decided it was appropriate to issue advice to the RVN. A decision in the second case was adjourned pending further investigation and referral of the matter to another statutory authority for their consideration.

Ongoing Investigations

4. Two 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. At its meeting on 26 November 2019, an RVN was discharged from the Health Protocol following a period of successful compliance with the Undertakings.

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 to Council, the RVN PIC has referred one case to the RVN Disciplinary Committee. The case relates to the RVN's Police caution in respect of three offences including unlawful possession of POM-V medicines.

Training

8. The RVN PIC, PIC, Veterinary Investigators and members of the Professional Conduct team took part in a day of training on 7 November 2019. Among the topics covered were "public interest" and how it affects the PIC's consideration of cases and relevant recent case law.

Summary	
Meeting	Council
Date	5 March 2020
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Council meeting held on 23 January 2020
Decisions required	None
Attachments	None
Author	Hannah Alderton Clerk to the Disciplinary Committee Tel: 020 7856 1033 Email: h.alderton@rcvs.org.uk

Classifications		
Document	**Classification[1]**	**Rationales[2]**
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Report of Disciplinary Committee hearings since the last PIC DC Liaison Committee meeting on 21 November 2019

Background

1. Since the last update to Council on 23 January 2020, the Disciplinary Committee ('the Committee') have met on 2 occasions. The RVN Disciplinary Committee have not met.

2. The Disciplinary Committee have now fully transitioned to BoardPacks to access documents for all Disciplinary Hearings. They no longer receive documents (password protected) via email.

Hearings

Dr John Gunn

3. On 28 October and 8 November 2019 and also on Wednesday 15 and Thursday 16 January 2020, the Committee met to hear the Inquiry into Dr John Gunn. The charges against him were in relation to the failures in his management of a Jack Rusell, namely Pipa who had been admitted into his care between 11 January 2018 and 3 February 2018.

4. The first charge alleged that, between 11 January 2018 and 3 February 2018, Dr Gunn failed to provide appropriate and adequate care to the dog. In particular, having removed a mass from the right thorax, Dr Gunn undertook an excess number of surgical procedures, including under general anaesthetic, within a 13 day period; performed these procedures without offering alternative treatments or discussing referral with the owners; failed to recognise infected wounds; and administered an antibiotic when the dog was infected with MRSA and E-coli.

5. The second charge alleged that Dr Gunn failed to communicate adequately, openly and honestly with the owners of the terrier on multiple occasions between 16 January and 3 February 2018. This included but was not limited to: failing to provide the owners with an estimation of fees; failing to inform them in advance of the procedures performed; failing to inform them of options for treatment; and failing to inform them that the terrier had an infection when he knew or ought to have known that she did.

6. The third charge alleged that Dr Gunn failed to obtain informed consent in relation to the further procedures performed on the terrier in charge one.

7. The fourth charge alleged that Dr Gunn failed to maintain adequate clinical records in relation to the management of the dog, and that he failed to record the prescription and administration of drugs to treat the terrier.

8. The fifth charge alleged that, on 3 February 2018, Dr Gunn indicated to the owners that euthanasia was the most appropriate treatment option and/or that there were no other realistic treatment options, when this was not the case and when he ought to have known this was not the case.

9. The sixth charge alleged that, during the course of a referral of the terrier to another practice, Dr Gunn failed to provide an adequate history of his management of the dog and that he informed the practice that the owners had no finances when this was not true, amounting to an incomplete account of his dealings with the owners and to a breach of their confidence.

10. The full charges can be found here: https://www.rcvs.org.uk/document-library/gunn-john-january-2020-charges/

11. At the outset of the hearing the respondent admitted to a number of the allegations within the main six charges, which were found proved by the Committee.

12. Of the charges not admitted to, a number were found proved and the Committee then went on to consider whether or not, in relation to these proved charges, Dr Gunn's conduct amounted to serious professional misconduct. In coming to its decision, the Committee took into account written and oral submissions from the College and from the Respondent.

13. The full decision on the findings of facts can be found here: https://www.rcvs.org.uk/document-library/gunn-john-january-2020-decision-on-facts/

14. In considering the aggravating factors, the Committee took into account that the dog's suffering was prolonged because of the persistence of Dr Gunn in pursuing a single ineffective treatment approach.

15. With regards to mitigating factors, the Committee found that Dr Gunn was remorseful as to his actions, that there was no financial motivation on the part of Dr Gunn in respect of his treatment of the terrier, and that there is a low risk of repetition because Dr Gunn has sought to learn from this experience. A number of relevant and high-quality testimonials were also provided by colleagues and many satisfied owners on behalf of Dr Gunn.

16. Considering both the aggravating and mitigating factors, the Committee was satisfied that Dr Gunn's conduct fell far below the standard expected of a registered veterinary surgeon for a number of the charges.

17. The full decision on disgraceful conduct can be found here: https://www.rcvs.org.uk/document-library/gunn-john-january-2020-disgraceful-conduct-in-a-professional/

18. The Committee then considered what sanction to impose on Dr Gunn. The Committee was satisfied that the misconduct found proved was in relation to the treatment of one dog only and therefore it was at the lower end of the spectrum. However, the conduct took place over a prolonged period of two weeks which in the Committee's view required a sanction. In such circumstances, and with the significant mitigation, the Committee decided that the appropriate and proportionate sanction was to reprimand Dr Gunn and to warn him about his future conduct.

19. "The Committee concluded that the effect of a reprimand alongside the Committee's findings on disgraceful conduct in a professional respect was a sufficient and proportionate sanction. The Committee found Dr Gunn to have developed sufficient insight into his failings and it was satisfied

that the disciplinary process had been a salutary experience and that he is very unlikely to pose a risk to animals in the future or to contravene professional standards.

20. "The Committee decided that a warning as to future conduct was necessary to reduce the risk of any repetition of any similar conduct for Dr Gunn in the future. It therefore concluded that the sanction of a reprimand and warning would be a sufficient in the circumstances of this case having taking into consideration all the powerful personal mitigation."

21. The full decision on sanction can be found here: https://www.rcvs.org.uk/document-library/gunn-john-january-2020-decision-on-sanction/

Mr Rahul Shah

22. On Monday 13 January to Wednesday 22 January 2020, excluding Wednesday 15 January 2020, the Committee met to hear the inquiry into Mr Shah. The first charges were in relation to a kitten, Paz, and the respondent's failure surrounding the kitten's castration surgery. The second charges related to the respondents conduct in charge 1 and his failure to have adequate regard to previous advice and/or warnings from the RCVS about his conduct in relation to neutering surgery and related to note-keeping and communication with clients.

23. The full charges can be found here: https://www.rcvs.org.uk/document-library/shah-rahul-chandulal-january-2020-charges/

24. The Committee heard oral evidence from a number of witnesses on behalf of the college along with expert witnesses on behalf of both the college and the respondent. The experts were not asked to comment on Charge 2, which related to a previous Reprimand and Advice given to the Respondent.

25. The Committee noted that on 22 September 2016 a previous Committee found disgraceful conduct and reprimanded the Respondent in relation to his discharge of a dog, Shadow, following a castration operation. The previous decision stated: "*In imposing the sanction of Reprimand, the Committee urges the Respondent in the strongest possible terms to ensure that his future conduct by way of training and support systems within his practice are such at to avoid any possibility of a future incident such as this occurring in order to ensure animal welfare and public confidence in the veterinary profession. The committee notes that in her evidence EM said that the working practices at the surgery have changed and the committee expects that all animals kept in the care of the Respondent are fully monitored, examined and assessed in relation to their condition before being discharged."* Furthermore, in March 2018 the Respondent received formal advice from the Preliminary Investigation Committee of the College relating to the circumstances surrounding canine spay surgery in 2016. The formal advice was as follows:

    (i) In relation to paragraph 1.3 of the Code of Professional Conduct, which states that: "Veterinary surgeons must provide care that is appropriate and adequate."
    (ii) In relation to paragraph 2.5 of the Code of Professional Conduct, which states that: "Veterinary surgeons must keep clear, accurate and detailed clinical and client records."

26. The Committee took all of this information into account along with the written documentation provided and found that charge 1(b) and 1(d)(v), were not proved and that charges 1(a), 1(c), 1(d)(i) - (iv), 1(e)(i) - (iv), 2(a) and 2(b) were proved.

27. The full Decision on Finding of Facts can be found here: https://www.rcvs.org.uk/document-library/shah-rahul-chandulal-january-2020-decision-on-findings-of-facts/

28. The Committee concluded that, in relation to all the charges found proved, they fell far below the standard expected of a reasonably competent veterinary surgeon. Accordingly, the Committee was satisfied that, the Respondent was guilty of disgraceful conduct in a professional respect.

29. In determining the appropriate sanction, the Committee concluded that the Respondents serious lack of insight or willingness to recognize that this case amounted to disgraceful misconduct, the fact that in his oral evidence he appeared to be *"making his account up as he went along"* and so was seen to be a very poor unreliable witness. Coupled with the fact the Committee felt unable to say that there was no significant risk of repeat behavior, as he had previously received two lots of advice namely from the 2016 Disciplinary process which he did not appear, to the Committee, to have made any attempt to comply with and concluded that the respondent would not be fit to practice after any period of suspension. As a result the Committee was brought to the conclusion that the Respondents misconduct as found in this hearing, and as found by the decisions in 2016 and 2018, was so serious that removal from the Register was the only means of protecting animal welfare, the wider public interest and the need to uphold proper standards of conduct. The Committee directed the Registrar to remove the Respondents name from the Register.

30. The full Decision of Sanctions can be found here: https://www.rcvs.org.uk/document-library/shah-rahul-chandulal-january-2020-decision-sanctions/

Upcoming Hearings

31. There is currently one Inquiry hearing listed before the RVN Disciplinary Committee on the following date:

    - 20- 24 April 2020

32. Two more cases have been referred to DC and are in the process of being listed.

33. A hearing was listed for the week commencing 17 February 2020 however this had to be postponed.