

Standards Committee

Agenda for the meeting to be held on 22 April 2026 at 1 Hardwick Street

1.	Apologies for absence, declarations of interest. Minutes from the meeting of February 11 th 2026	
2.	Matters for decision	
	a. Chapter 13 review	Paper attached + verbal update
	b. PSS review – partially confidential	Paper attached
3.	Matters for discussion	
	a. VN prescribers - confidential	Paper attached
	b. CMA recommendations	Verbal update
4.	Matters for report	
	a. Disciplinary Committee Report	Paper in library
5.	Risk and equality	Verbal update
6.	Any other business and date of next meeting on 17 June 2026	Verbal update

Chair

Dr Olivia Cook MRCVS

Vice Chair

Dr Sinéad Bennett MRCVS

Members

Miss Linda Belton MRCVS (Officer Observer)

Dr Sam Bescoby MRCVS

Dr David Black FRCVS

Professor Derek Bray

Dr Abbie Calow MRCVS

Ms Linda Ford

Professor Christopher Loughrey FRCVS

Mr Matthew Rendle RVN

Mr Tim Walker

Terms of reference

The Standards Committee shall provide advice and guidance on the professional conduct of veterinary surgeons and veterinary nurses, including, but not limited to:

- a. Publishing a Code or Codes of Professional Conduct, subject to the approval of the Council;
- b. Publishing as necessary advice on professional conduct;
- c. Responding to professional conduct issues raised by the RCVS Council, Veterinary Nurses' Council or any committee of the RCVS;
- d. Responding to requests for advice from members of the profession and the public, as agreed by the chair; and,
- e. Overseeing the development of the RCVS Practice Standards Scheme by the Practice Standards Group, making recommendations to Council as appropriate, and considering appeals from the Practice Standards Scheme Review Group.

Summary	
Meeting	Standards Committee
Date	11 February 2026
Title	Standards Committee Minutes
Summary	<p>Minutes of the Standards Committee meeting held remotely on Wednesday 11 February 2026, at 9.30am.</p> <p>The Committee's attention is drawn to paragraphs 1-5 of the classified appendix.</p>
Attachments	Classified appendix
Author	<p>Annelise Samuels</p> <p>Senior Standards and Advice Officer</p> <p>a.samuels@rcvs.org.uk / 020 7856 1032</p>

Classifications		
Document	Classification¹	Rationales²
Minutes	Unclassified	n/a
Classified appendix	Confidential	1

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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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 meeting held virtually on 11 February 2026, at 9.30am

Members: Olivia Cook (Chair)
Sinéad Bennett (Vice Chair)
Derek Bray
Linda Ford
Christopher Loughrey
Matthew Rendle
Tim Walker
David Black
Sam Bescoby
Abbie Calow
Linda Belton (Officer Observer)

In attendance:

RCVS	Gemma Kingswell	Head of Legal Services (Standards)
	Beth Jinks	Standards and Advisory Lead
	Annelise Samuels	Senior Standards and Advice Officer
	Bri McLachlan	Standards and Advice Administrator
	Clare Paget	Registrar
	Lizzie Lockett	Chief Executive Officer
	Catherine Hemingway	RCVS Project Lead
	Dan Simpson	Senior Policy & Public Affairs Officer

AI 1 Apologies for absence, declarations of interest, minutes of the meeting of 3 December 2025

1. Apologies were received from Matthew Rendle, Sam Bescoby, Abbie Calow and Linda Ford. Derek Bray joined the meeting at 9.51 am. Sinéad Bennet chaired the meeting. In order to ensure that the Committee was quorate for the purposes of making decisions, some items on the agenda were discussed out of sequence.
2. The minutes of the meeting of 3 December 2025 were agreed by the Committee.

Matters for decision

AI 2 (a) Artificial intelligence – confidential

3. The Committee's attention is drawn to paragraphs 1 – 6 of the Classified appendix.

AI 2 (c) Revision of Chapter 13

4. The Committee was presented with a revised paper on the review of Chapter 13 of the supporting guidance to the Code of Professional Conduct. This followed papers submitted in October and December 2025. The Committee was asked to consider and approve the proposed amendments, as well as a further recommendation that paragraph 5.8 of Chapter 5 be amended to ensure consistency.
5. The Committee highlighted a further concern that has recently emerged within the profession, namely that some veterinary practices are removing the identifying details of veterinary surgeons and veterinary nurses from clinical records when transferring records to other practices. The rationale cited for this approach relates to concerns about compliance with data protection legislation. The Committee noted its view that the blanket anonymisation of veterinary professionals could be problematic from both a public interest perspective and from a practical standpoint, particularly where clinicians taking over a case may need to contact previously attending veterinary surgeons regarding aspects of the case, or where clients wish to raise a concern about the conduct of a registrant. The Committee requested further advice as to whether this is appropriate and in line with the Code of Professional Conduct and data protection legislation.
6. The Committee also requested some refinement of the language within the draft chapter and advised it wished to consider further guidance addressing retention periods for clinical and client records. The Committee emphasised the importance of providing as much clarity as possible, where appropriate, regarding how long professionals are expected to retain these records. It was acknowledged that different considerations apply to clinical and client records, including requirements under data protection legislation. The Committee asked that additional amendments be made in accordance with its comments before the paper is brought back for approval.

Action: Senior Standards & Advice Officer

Matters for report

AI 3(a) Disciplinary Committee Report

7. The report was noted.

AI 3(b) PSS Update

8. The Committee noted the report. Some members raised questions regarding its substance and wider policy implications following the CMA investigation and the Department for Environment

Food and Rural Affairs consultation on reforms for the Veterinary Surgeons Act 1966. Membership of the scheme by farm and equine practices was also discussed, As the paper had not been presented for comment, these were not discussed in detail.

AI (4) Risk and equality

9. No new risks were reported.

AI 5 Any other business and date of next meeting

10. The Registrar reminded Committee members that, where there are issues with attendance, as much notice as possible should be provided so that it can be confirmed whether a meeting can proceed.

11. The next meeting will be on 22nd April 2026 and will be held in person.

Table of actions

Paragraph	Action	Responsibility
6	Amend revised Chapter 13 in line with the Committee's comments on retention periods and anonymising veterinary professionals in clinical records.	Senior Standards and Advice Officer

Summary	
Meeting	Standards Committee
Date	22 April 2026
Title	Review of Chapter 13 Clinical and client records
Summary	This paper follows on from that submitted in October and December 2025 and 11 Feb 2026 and seeks approval from the Standards Committee (the 'Committee') on the revised Chapter 13 of the supporting guidance.
Decision required	The Committee is asked to approve the new version of the supporting guidance at Annex A, taking into account the oral update on anonymisation of staff details.
Attachments	Annex A – Revised Chapter 13 of the supporting guidance
Author	Annelise Samuels – Senior Standards and Advice Officer Beth Jinks – Lead for Standards and Advice

Classifications		
Document	Classification ¹	Rationales ²
Paper	Unclassified	NA
Annex A	Unclassified	NA

¹Classifications explained	
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²Classification rationales

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Introduction

1. At its meeting on 11 February 2026, the Standards Committee ('Committee') considered further revisions to [Chapter 13](#) of the supporting guidance to the Code of Professional Conduct.
2. The following is an extract from the minutes of the discussion that pertains to the requested changes, which have been reflected in the updated guidance in **Annex A**:

The Committee was presented with a revised paper on the review of Chapter 13 of the supporting guidance to the Code of Professional Conduct. This followed papers submitted in October and December 2025. The Committee was asked to consider and approve the proposed amendments, as well as a further recommendation that paragraph 5.8 of Chapter 5 be amended to ensure consistency.

The Committee highlighted a further concern that has recently emerged within the profession, namely that some veterinary practices are removing the identifying details of veterinary surgeons and veterinary nurses from clinical records when transferring records to other practices. The rationale cited for this approach relates to concerns about compliance with data protection legislation. The Committee noted its view that the blanket anonymisation of veterinary professionals could be problematic from both a public interest perspective and from a practical standpoint, particularly where clinicians taking over a case may need to contact previously attending veterinary surgeons regarding aspects of the case, or where clients wish to raise a concern about the conduct of a registrant. The Committee requested further advice as to whether this is appropriate and in line with the Code of Professional Conduct and data protection legislation.

The Committee also requested some refinement of the language within the draft chapter and advised it wished to consider further guidance addressing retention periods for clinical and client records. The Committee emphasised the importance of providing as much clarity as possible, where appropriate, regarding how long professionals are expected to retain these records. It was acknowledged that different considerations apply to clinical and client records, including requirements under data protection legislation. The Committee asked that additional amendments be made in accordance with its comments before the paper is brought back for approval.

3. As above, the Committee requested further advice as to whether anonymisation of veterinary professionals in the clinical records was consistent with the Code of Professional Conduct and data protection legislation, and if not, whether a requirement for including the details of the treating staff could be included in the guidance. A verbal update will be presented on this topic for discussion at the meeting.

Decision

4. The Committee is asked to approve the new version of the supporting guidance at **Annex A**, taking into account the verbal update on anonymisation of staff details.

13 Clinical and client records

13.1 Veterinary surgeons and veterinary nurses must keep clear, accurate and adequately detailed records.

13.2 **Clinical** records include information about an animal's health and medical care. This includes details of any examination, treatments given, test results, who has provided the care and advice given to the client.

13.3 **Client records** include any information that relates to the person or entity engaging the services of the veterinary surgeon, including identifying details and financial information.

General principles

13.4 **Clinical** and **client** records should be:

- a. Objective and factual.
- b. Entered contemporaneously, or as soon as reasonably practicable after the event being recorded.
- c. Legible and kept secure and confidential, either electronically or in hard copy.
- d. Destroyed or deleted (where necessary) in a manner which protects client confidentiality and safeguards against accidental loss or disclosure of content.

13.5 Where a practice intends to cease trading, veterinary surgeons and veterinary nurses should, where possible, ensure clients are notified so they have an opportunity to obtain a copy of relevant **clinical** and/or **client** records.

Clinical records

13.6 **Clinical** records should provide a complete and relevant account of the animal's clinical history, sufficient to support continuity of care, including any proposed or ongoing plans for investigation, treatment, or review.

13.7 Veterinary surgeons and veterinary nurses must provide copies of any relevant **clinical** records at the request of a client. They should obtain the client's consent before sharing clinical histories that include personal data with another practice, unless the information is fully anonymised. Where **clinical** records include personal information of previous owners, the records should be anonymised before being sent.

13.8 Relevant **clinical** information should be provided promptly to any veterinary surgeon taking over responsibility for a case and appropriate documentation should be provided for all referral or re-directed cases.

13.9 In most cases, when providing **clinical** records to the client or other veterinary surgeons taking over responsibility for a case, animal health and welfare and the public interest will be best served by including the names of veterinary surgeons and veterinary nurses who have previously provided care.

13.10 **Clinical** records may be amended to correct errors or factual inaccuracies, but there is no obligation to amend matters of clinical judgment or professional opinion solely at the request of the client. To maintain the audit trail, amendments should not remove or obscure the original entry.

Amendments should also be dated, clearly show who made them, and, where possible, be recorded alongside the original entry.

13.11 **Clinical** records should be retained for as long as is necessary, considering:

- a. The terms of professional indemnity insurance policy conditions, which may specify minimum retention periods.
- b. The record keeping obligations for veterinary medicinal products set out in the Veterinary Medicines Regulations. Records relating to the retail receipt or supply (which includes prescribing and administration) of POM-V, POM-VPS and medicines prescribed under the cascade must be kept for 5 years. The Veterinary Medicines Directorate provides [specific guidance on record-keeping requirements for veterinary medicines](#).
- c. Whether retaining the records would help to maintain continuity of care throughout the lifetime of the animal.

Client records

13.12 **Client records** will likely include personal data that is subject to regulation under the UK General Data Protection Regulation and the Data Protection Act 2018. These regulations must be complied with when controlling and processing personal data, and veterinary surgeons and veterinary nurses should be mindful that, among other things, clients have the right to access their own personal data via a [subject access request](#). Guidance on the application of the legislation and a complete list of client's rights in respect of their own personal data can be found on the [Information Commissioner's Office \(ICO\)](#) website 13.13 Veterinary surgeons and veterinary nurses should avoid recording assumptions or subjective comments about a client. There may be a [legitimate interest](#) in documenting and retaining relevant factual observations to better inform colleagues about appropriate management of the client relationship. Where practicable, and in consideration of the [guidance from the ICO](#), clients should be informed that this information has been recorded. Examples of such observations can include concerns relating to discrimination or violence against staff, or concerns relating to outstanding debts.

13.14 Veterinary surgeons and veterinary nurses should refer to the [ICO](#) for detailed information on the UK General Data Protection Regulation and the Data Protection Act 2018.



Summary	
Meeting	Standards Committee
Date	12 April 2026
Title	Practice Standards Scheme - General Update
Summary	An update on the Practice Standards Scheme (PSS)
Decisions required	Approve the RCVS Accredited Practice Standards and supporting guidance as presented (in Annex B); and/or Advise how it wishes to proceed in reaching approval.
Attachments	Scheme Update April 2026 Appendix A Deficiencies April 2026 Appendix B PSS Feedback April 2026 Scheme Figures April 2026 PSS Review – IT specification (Classified) PSS Review – Journey and draft RCVS Accredited standards (Classified) Annex B – Draft Accredited Standards & Supporting guidance (Classified)
Author	Sarah Iddon Head of Legal Services - PSS s.iddon@rcvs.org.uk / T+442081485561

Classifications		
Document	Classification¹	Rationales²
Scheme Update April 2026	Unclassified	n/a
Appendix A Deficiencies April 2026	Unclassified	n/a
Appendix B PSS Feedback April 2026	Unclassified	n/a
Scheme Figures April 2026	Unclassified	n/a
PSS Review – IT specification (Classified)	Confidential	Confidential
PSS Review – Journey and draft RCVS Accredited standards (Classified)	Confidential	Confidential
Annex B – Draft Accredited Standards & Supporting guidance (Classified)	Confidential	Confidential

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2Classification rationales

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An Update on the Practice Standards Scheme

Practice Standards Group (PSG) meetings

1. There was no PSG meeting held in January 2026, but papers were sent to the Group for information providing an update on the revised timetable for the PSS review, a PSS general update and figures paper. These papers were shared with Standards Committee at its last meeting in February 2026.
2. PSG is due to have its next meeting on 16 April 2026 and attached are the papers presented to the Group.

PSS Review

3. Included within the attached papers are those relating to the PSS Review. The HoLs-PSS will provide an oral update to Standards Committee on any comments and recommendations from PSG regarding these papers. Approval and decision are required on the RCVS Accredited Practice Standards and supporting guidance from Standards Committee before being presented to RCVS Council in June 2026.

4. The further accreditation levels: General Practice, Veterinary Hospital and the Awards, will need to be presented to Standards Committee in a further meeting in May 2026 – to be scheduled.

Decision required

5. Given the tight PSS Review timetable and RCVS governance processes, we are aware that the documents presented are a substantial amount of information for Standards Committee to review and approve. However, it would be helpful if the Committee can guide the process and:
 - a) Discuss and approve the RCVS Accredited Practice Standards and supporting guidance as presented in Annex B; and/or
 - b) Advise how it wishes to proceed in reaching approval of the RCVS Accredited Practice Standards and supporting guidance by suggesting a further meeting (in May 2026) to allow the Committee more time to consider or emailed responses, for example.

END OF PAPER



Summary	
Meeting	PSG
Date	16 April 2026
Title	PSS update paper
Summary	A paper presenting PSS updates.
Decisions required	For information.
Attachments	None.
Author	Sarah Iddon, Head of Legal Services - PSS S.iddon@rcvs.org.uk / +442081485561

Classifications	
Document	Classification¹
Paper	Unclassified

Update on PSS

1. PSS is due to launch the new suicide prevention standard on 1 April 2026 which was agreed to be implanted by Standards Committee following a request by HM Coroners' Offices under their legal duty (Regulation 28 Report to prevent future death) for more preventative measures to be put in place to prevent incidents and protect staff. PSG were updated with the development of this work in January 2025 and October 2025. RCVS agreed that this was a necessary step as veterinary surgeons and veterinary nurses face an elevated suicide risk compared to the general population due to the access to means and knowledge, combined with other factors.
2. The new standard will read:

16.1.41 The practice must implement a practice-specific suicide prevention plan covering all areas of potential risk.

Guidance notes:

A 'suicide prevention plan' is a collection of measures which aim to protect staff and the wider public by reducing incidences of suicide. We understand that for suicide prevention plans to be effective, they need to address the specific risks present in individual practices whilst allowing the practice to deliver care appropriately. As such, each plan should be bespoke, and assessors will expect practices to be able to explain the underlying rationale. In order to develop a suicide prevention plan, practices should carry out a risk assessment covering all areas of potential risk, including: - drugs used or stored for the purposes of euthanasia or sedation - access to firearms and captive bolt - lone/late night working. - Following this risk assessment, measures should be implemented to address and/or mitigate each risk identified. These measures, together with the associated risks, should be recorded in a document. This document is the practice's suicide prevention plan. By way of example, suicide prevention plans may include measures such as: Protocols regarding euthanasia away from the practice - Protocols for safe storage of CDs and firearms when taken away from the practice - Mental health first aiders on site - Use of a 'going home' type poster in staff areas, e.g. Vetlife Going Home Check List (PDF download) - Vetlife Please note that whilst the above list may be useful for illustrative purposes, it is not exhaustive and we recognise that the measures listed may not be appropriate for some practice types/settings. Useful resources include: Home - Vetlife Looking after staff - Vetlife Working-together-to-prevent-suicide-in-the-NHS-workforce--a-national-suicide-prevention-toolkit-for-England.pdf Suicide prevention - HSE Creating a 'safety plan' | Samaritans

3. The Standard will allow practices to think, discuss and provide clear processes for staff to follow and encourage wider awareness and understanding of mental health. The PSS team has been working closely with the RCVS MMI team to develop our resources to support the Standard and enhance awareness in this area, these will be made available shortly and will aim to provide support to practices in how to formulate a plan. In the meantime, our PSS Assessors have and are undergoing training in preparation to ensure that they can approach the assessment of this Standard with due care and sensitivity; and this will form part of our regular programme of training.

RCVS Academy has a course available to the profession 'Suicide awareness fundamentals' [RCVS Academy | Royal College of Veterinary Surgeons](#) that covers how to talk about suicide responsibly, reduce stigma, recognise some of the warning signs of suicide ideation and support those in crisis or those affected by suicide, that will also be promoted to practices as part of this work.

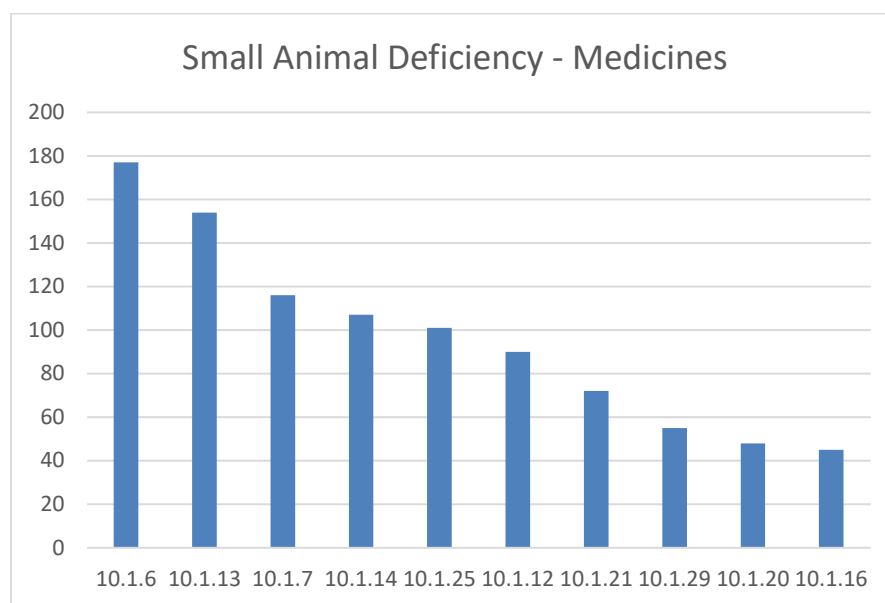
4. The CMA has issued its final report on Tuesday 24 March 2026 <https://www.gov.uk/cma-cases/veterinary-services-market-for-pets-review> and Defra's public consultation on legislative reform closed on 25 March 2026 <https://www.gov.uk/government/consultations/reform-of-the-veterinary-surgeons-act-1966> . Meetings are ongoing with both Defra and CMA and PSS is involved in some of these discussions.
5. The PSS Review will continue as planned in the timetable presented to the Group in January 2026. In addition, we plan to present the review to Council in June in preparation for final approval in November.
6. Quarter three assessments have been planned with practices, and we remain on target to deliver 1,000 assessments this year.
7. We have been working with the VMD to develop a more effective escalation model between PSS and the VMD's enforcement team to ensure that practices that do not meet their medicines assessments are, after some time and support, referred back to the VMD for appropriate action and that any action taken is report back to PSG.
8. PSS will be hosting the next VMD inspections/ PSS Assessment bi-annual training session at our offices on 22 September 2026.
9. We have some assessors leaving us an East region Tier 2 (3 days per month) assessor leaving end of March, North Tier 2 assessor leaving May 2026, Tier 2 West assessor retiring end of December 2026. The North region has benefited from an assessor stepping up from a Tier 2 to a tier 1 (3 days per week) and moving to the North region.
10. We successfully recruited a PSS assessor in the East region who is due to start 1 July 2026. The recruitment of the PSS Liaison role was also successful, and Sophie Ayres joins us on 30 March 2026. PSS Data Analyst role will be developed further before recruitment will commence again for this role.

End.

Appendix A: Deficiencies

Reported for the end of 2025 as at April 2026

Small Animal (SA): top 10 medicines deficiencies



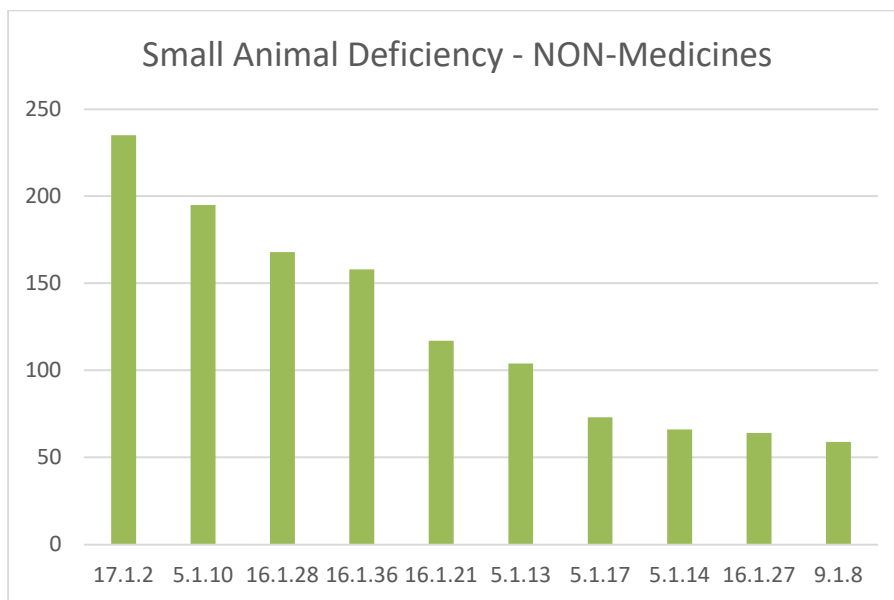
Key:

Requirement	Description	Module	Total
10.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).	Medicines	177
10.1.13	If Controlled Drugs are kept, these must be recorded according to current legislation.	Medicines	154

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	116
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.	Medicines	107
10.1.25	Consent for products supplied under the Cascade is required.	Medicines	101
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 authorized by him or her.	Medicines	90
10.1.21	Veterinary medicinal products must be supplied in appropriate containers.	Medicines	72
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.	Medicines	55
10.1.20	All containers and outer packs dispensed by the practice must be legibly and indelibly labelled with sufficient information.	Medicines	48
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: - 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	Medicines	45

	<p>than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR.</p>		
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Small Animal (SA): Top ten NON-medicines deficiencies



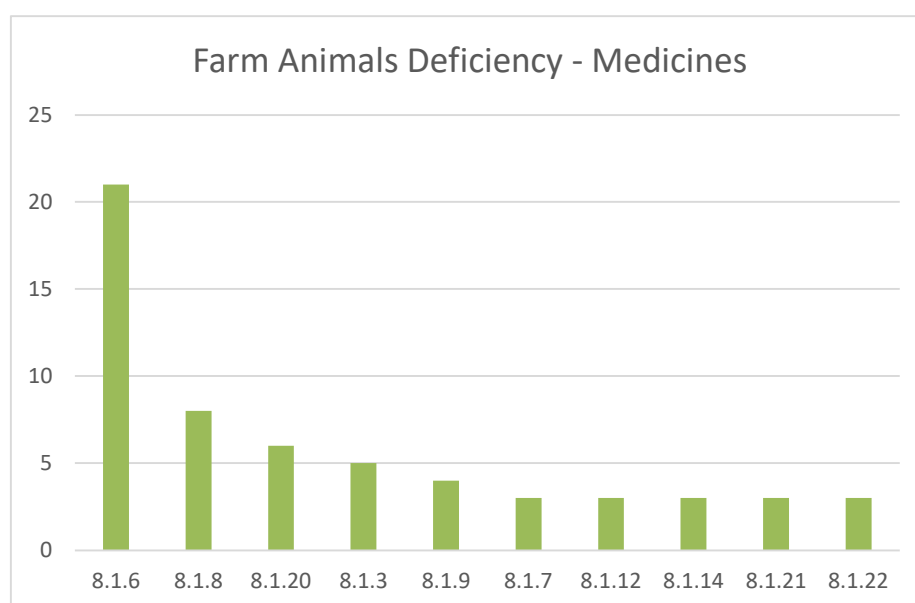
Key:

Requirement	Description	Module	Total
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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.	Premises	235
5.1.10	The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice.	Diagnostic Imaging	195
16.1.28	The practice must have performed a fire risk assessment and regular fire practice evacuations.	Practice Team	168
16.1.36	Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services.	Practice Team	158
16.1.21	The practice must have a written program for the inspection and testing of all its electrical equipment, based on its specific risk assessment.	Practice Team	117
5.1.13	Written local rules must be approved by the RPA and clearly displayed to all team members.	Diagnostic Imaging	104
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.	Diagnostic Imaging	73
5.1.14	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	Diagnostic Imaging	66

	sufficient signs and warnings, all in accordance with the RPA's advice.		
16.1.27	There must be regular maintenance of fire alarms and equipment.	Practice Team	64
9.1.8	The practice has a log or system for tracking of samples sent to outside laboratories to ensure results are received and reviewed by a veterinary surgeon, conveyed to the client and archived.	Laboratory & Clinical Pathology	59

Farm Animal (FA): top 10 medicines deficiencies



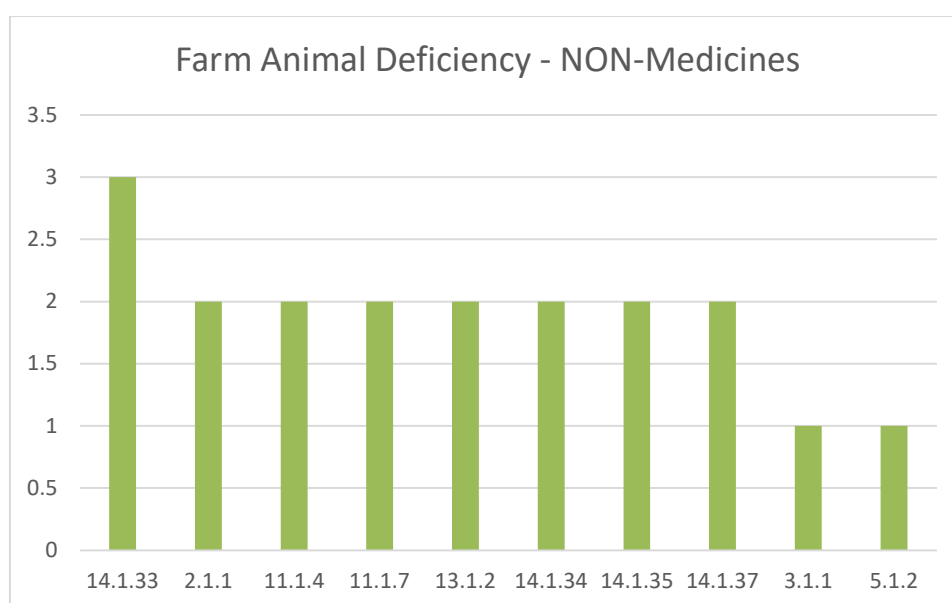
Key

Requirement	Description	Module	Total
8.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored	Medicines	21

	must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).		
8.1.8	Records of medicines administered to food-producing animals must include batch numbers.	Medicines	8
8.1.20	All containers and outer packs dispensed by the practice must be legibly and indelibly labelled with sufficient information.	Medicines	6
8.1.3	All medicinal products must be stored in a clean and tidy location in accordance with manufacturers' recommendations and appropriate records kept.	Medicines	5
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. It is not acceptable to use an out-of-date medicine due to poor stock control.	Medicines	4
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	3
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	Medicines	3

	veterinary surgeon or a person authorized by him or her.		
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.	Medicines	3
8.1.21	Veterinary medicinal products must be supplied in appropriate containers.	Medicines	3
8.1.22	Practices must make clients aware that they can request a prescription.	Medicines	3

Farm Animal - Top ten NON-medicines deficiencies

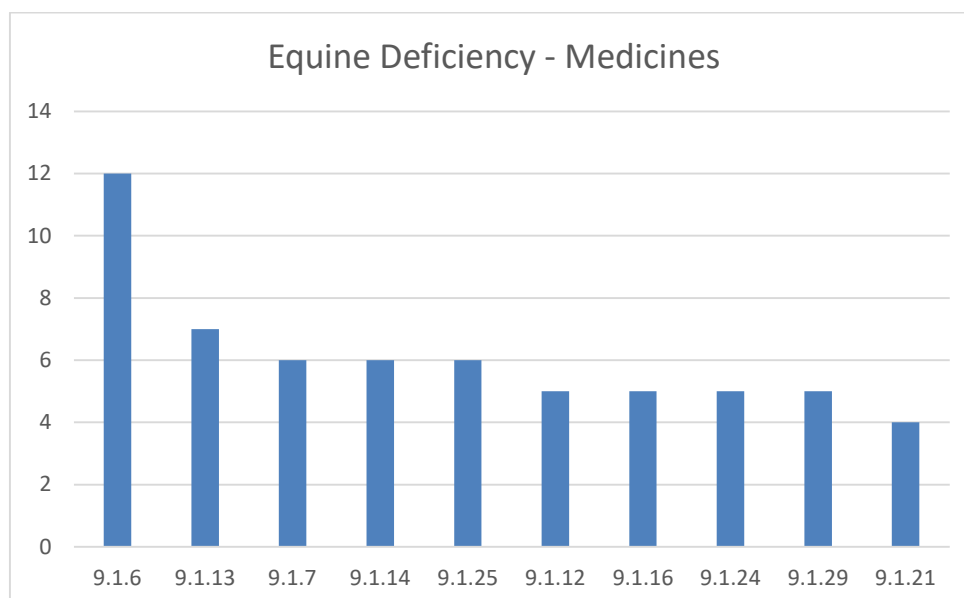


Key:

Requirement	Description	Module	Total
14.1.33	The practice must have a policy for how they segregate, store and dispose of all forms of waste.	Practice Team	3

2.1.1	Veterinary surgeons must ensure that clinical governance forms part of their professional activities.	Clinical Governance	2
11.1.4	Practices should inform all clients of their out-of-hours (OOH) arrangements.	Out of Hours	2
11.1.7	Proper safety precautions must be taken for team members on duty at night.	Out of Hours	2
13.1.2	The practice must provide information to its farm clients about the Animal Welfare Act Section 9.	Pain Management & Welfare	2
14.1.34	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.	Practice Team	2
14.1.35	Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services.	Practice Team	2
14.1.37	The practice must assess whether or not it is in a radon affected area.	Practice Team	2
3.1.1	The practice must have an effective means of communication with its clients.	Client Experience	1
5.1.2	For all autoclaves, and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.	Infection Control & Biosecurity	1

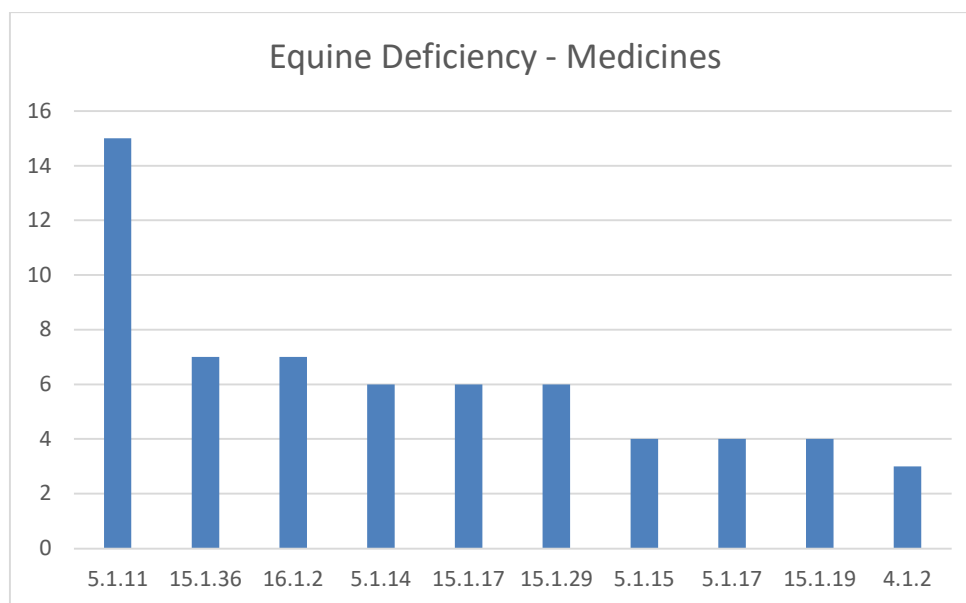
Equine (EQ): Top 10 medicines deficiencies



Key

Requirement	Description	Module	Total
9.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).	Medicines	12
9.1.13	If Controlled Drugs are kept, these must be recorded according to current legislation.	Medicines	7
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	6
9.1.14	The practice must carry out a full audit and reconciliation of all Schedule 2 Controlled	Medicines	6

	Drugs. There must be SOPs for storage and recording of Controlled Drugs.		
9.1.25	Consent for products supplied under the Cascade is required.	Medicines	6
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 authorized by him or her.	Medicines	5
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)	Medicines	5
9.1.24	Medicines must be used in accordance with the legislation commonly referred to as the Cascade.	Medicines	5
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.	Medicines	5
9.1.21	Veterinary medicinal products must be supplied in appropriate containers.	Medicines	4

Equine (EQ): Top 10 non-medicines deficiencies**Key**

Requirement	Description	Module	Total
5.1.11	The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice.	Diagnostic Imaging	15
15.1.36	Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services.	Practice Team	7
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.	Premises	7
5.1.14	Written local rules must be approved by the RPA and clearly displayed to all team members.	Diagnostic Imaging	6

15.1.17	The practice has carried out risk assessments in all areas of activity.	Practice Team	6
15.1.29	The practice must have performed a fire risk assessment and regular fire practice evacuations.	Practice Team	6
5.1.15	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.	Diagnostic Imaging	4
5.1.17	The practice has carried out risk assessments in all areas of activity.	Diagnostic Imaging	4
15.1.19	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.	Practice Team	4
4.1.2	Appropriate Personal Protective Equipment (PPE) should be available and used.	Dentistry	3

End.



RCVS

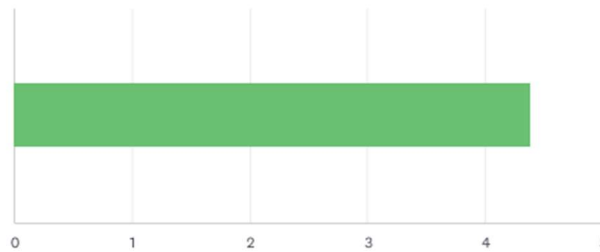
Inspiring confidence
in veterinary care

PSS Feedback Survey

Results Q1 (Jan-March 2026)

Q3 How relevant would you say the Standards set by the PSS are to the work that you do at your practice? Please give your answer on a scale from 0-5 where 0 is 'not relevant at all' and 5 is 'extremely relevant'

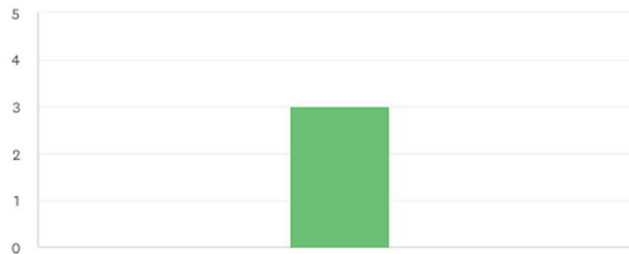
Answered: 130 Skipped: 0



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	4	570	130
Total Respondents: 130			

Q4 How easy or difficult have you found it to use the Stanley system? Please give your answer on a scale from 0 to 5, where 0 is 'very easy' and 5 is 'very difficult'

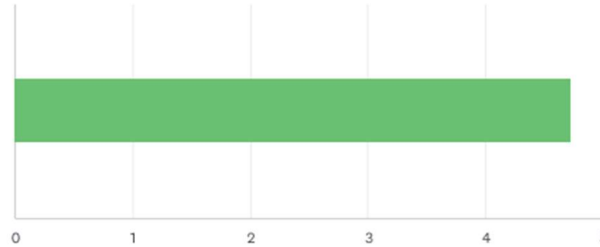
Answered: 130 Skipped: 0



BASIC STATISTICS					
MINIMUM	MAXIMUM	MEDIAN	MEAN	STANDARD DEVIATION	
0.00	5.00	3.00	3.01	1.64	

Q5 How helpful and informative were the PSS staff? Please give your answer on a scale from 0 to 5, where 0 is 'very unhelpful' and 5 is 'very helpful'

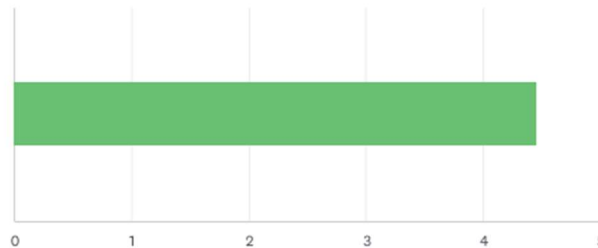
Answered: 130 Skipped: 0



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	5	613	130
Total Respondents: 130			

Q6 Overall how satisfied are you with your assessment experience? Please give your answer on a scale from 0 to 5, where 0 is 'very dissatisfied' and 5 is 'very satisfied'

Answered: 129 Skipped: 1



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	4	573	129
Total Respondents: 129			

Practice Feedback Comments (1 January – 31 March 2026)

PSS Processes

Praise

- Everything was very clear and time parameters were fair.
- Very positive experience

Criticism

- Incredibly time consuming, particularly when evidence provided was rejected as being insufficient Box ticking Heavy emphasis on written evidence even though procedures being followed Requirement for unnecessary written details such as specific commentary on anaesthetic charts linking a pain score to an additional dose of pain relief, even though both events were clearly recorded in the respective sections of the chart Feeling that written 'confirmation' responses were not believed by inspector Overstepping the remit of PSS eg question 5.1.10 The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice – turned into investigations into Fail-to-safe lighting; which when confirmed in writing wasn't sufficient; which when confirmed with photo evidence wasn't sufficient. It is not role of PSS to do the work of the RPA. Too much emphasis on non-clinical areas such as Sustainability. Website is not easy to navigate once comes to the review stage, hard to determine whether additional information provided by the practice has been looked at and which tasks are genuinely still outstanding
- I am not sure that the scheme assesses the quality of care that we deliver, but it does ensure that we tick all the boxes as an employer. Much of it is irrelevant to farm practice. Surprising that the one document that was impossible to upload was the RCVS's own CPD records. Would be useful to be able to easily delete out of date documents from the list on Stanley

PSS Assessors/Officers

Praise

- Our PSS journey this time round was not straightforward due to external factors however our assessor and the RCVS admin team were very helpful and supportive. our assessor was super on the day of the inspection and where issues were raised he often suggested very workable solutions- thanks - really appreciate it.
- Our PSS assessment experience was very positive. The process was handled professionally from start to finish. The support from Assessor really helped put me at ease and made me feel less nervous throughout the assessment.

Criticism

- it felt like quite a long time between our inspection and getting feedback
- It would have been nice to receive some positive feedback during the visits rather than focussing on what we are not doing or what we could do better.

Stanley

Praise

- Stanley has definitely helped to speed up the process as so many documents can be checked prior to the inspection.
- Stanley overall was exceedingly smooth to us

Criticism

- Stanley is difficult to use, especially swapping between sites - I feel this could be improved
- Would have been helpful if Stanley had been 'reset' from previous inspection so that you are starting with a clean slate, had to do this manually myself.

End.



Summary	
Meeting	PSG
Date	16 th April 2026
Title	PSS – Figures paper
Summary	A paper presenting the latest PSS figures.
Decisions required	For information.
Attachments	None.
Author	Sophie Ayres, PSS Liaison Officer - PSS s.ayres@rcvs.org.uk / +442072020750

Classifications	
Document	Classification¹
Paper	Unclassified

Introduction

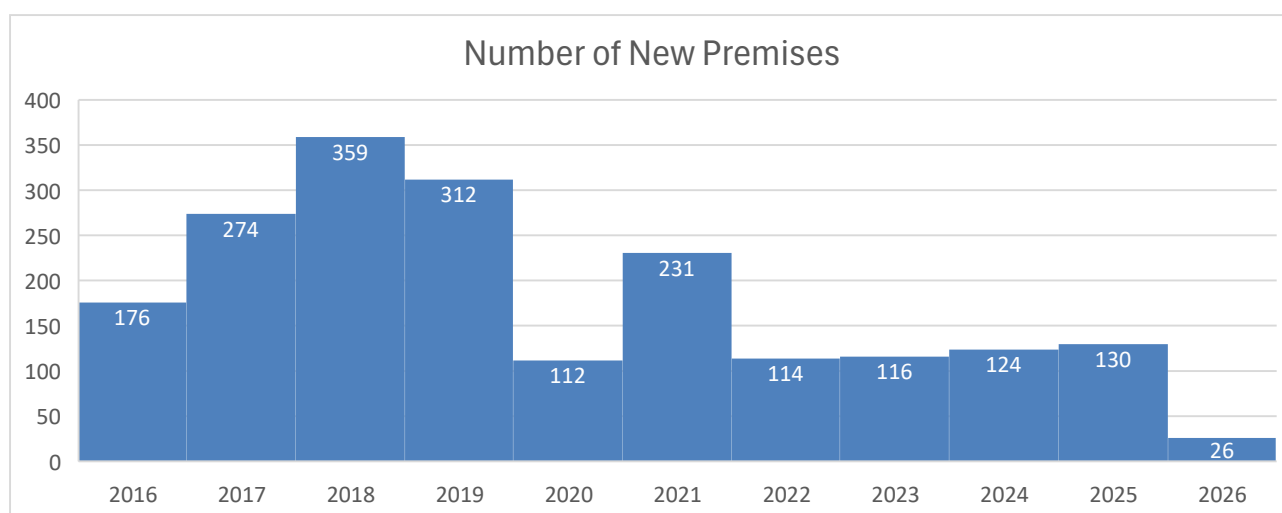
1. This paper presents the Group with data showing themes and trends in PSS membership, showing the growth of the scheme (part A) and the performance of the Scheme in terms of accreditations, awards, deficiencies (part B) with the PSS process and (part C) the latest (cumulative) feedback survey results.

Part A: PSS membership

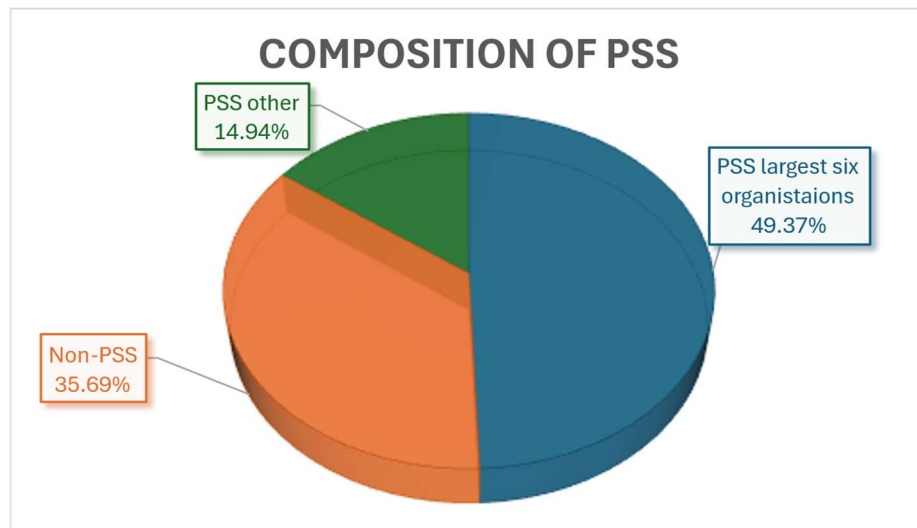
2. The number of practices that are members of the Practice Standards Scheme has declined largely due to closures but also due to practices withdrawing pending the outcome of the CMA investigation.

Membership Data	April-26	April-25	April-24
PSS Total	3840	3118	3882
NON-PSS	2093	1971	1880
Total Vet Prem in UK	5971	5836	5798
PSS% Vet Prem in UK	64%	66%	67%

3. 28 Practices were made candidates to the scheme in Q1 2026 that is an increase of 7 practices from Q1 2025.

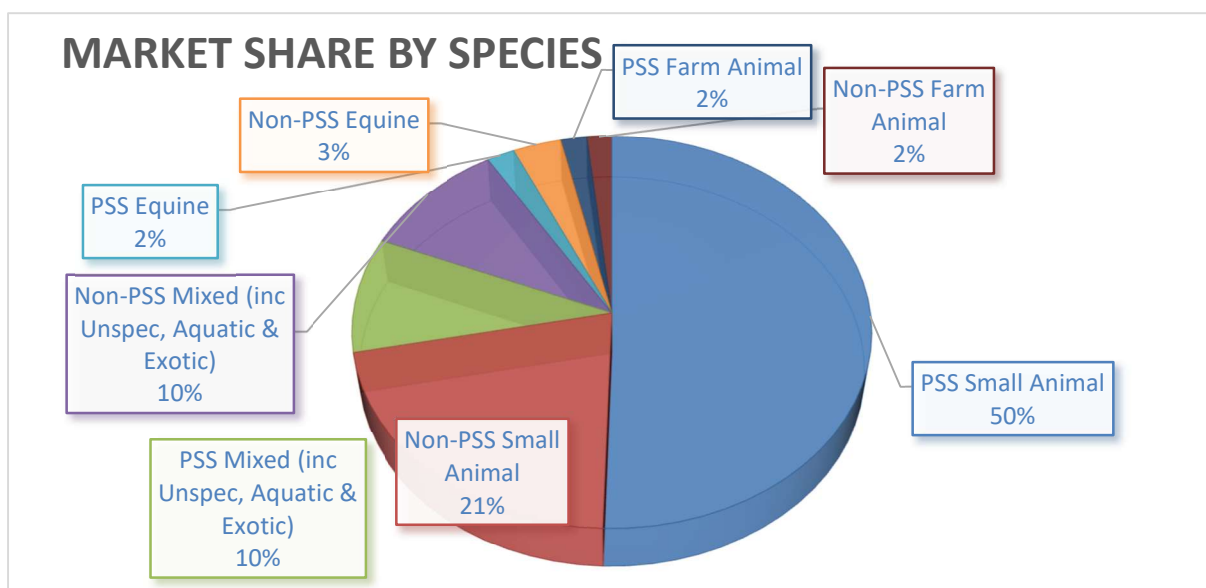


4. There have been 23 closures in Q1 2026 (No withdrawals or removals). 10 moved premises, 1 practice merged. 2 practices were acquired and 10 permanently closed. 9 have since applied to rejoin PSS.
5. Of the 23 closures 8 were independent practices with the remaining being part of larger organisations including 9 closures from IVC.



6. The pie chart Above shows the PSS market share by type of organisation. The PSS largest six organisations represent 49.37% which is an increase by 8.03% to other types of organisations in the scheme since the last reported figures in January 2026.

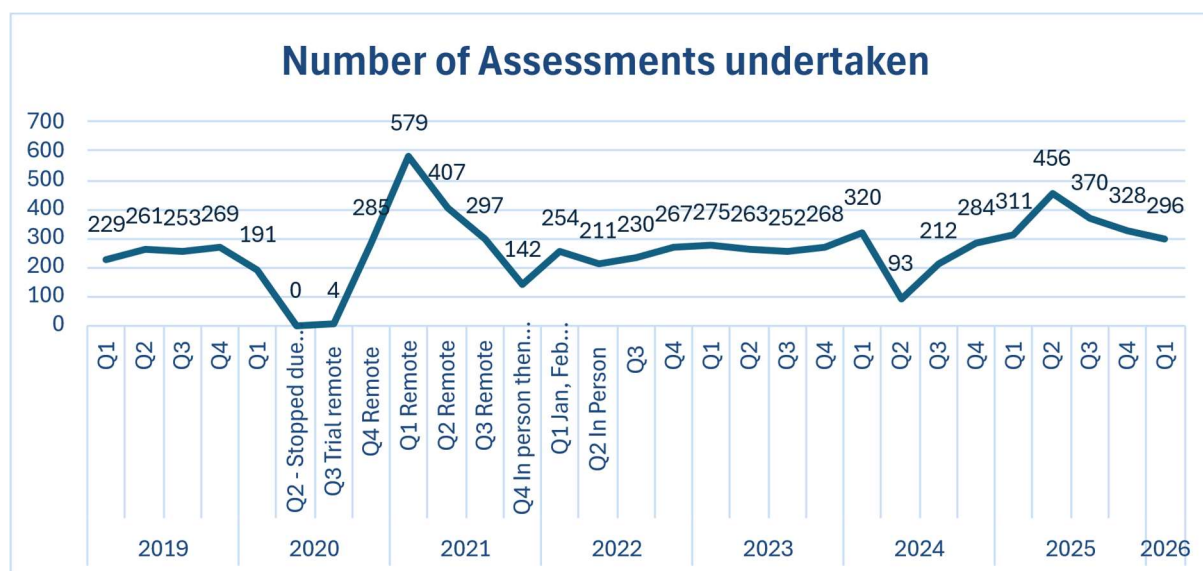
7. The below chart shows the breakdown of both PSS and Non-PSS by species.



Part B: Performance

Assessment figures

8. There were 296 assessments carried out in Q1 2026, 15 fewer than Q1 2025. The target for 2026 is 1,000 assessments.



Accreditations

9. The number of accreditations held has decreased from 4,157 in January 2026 to 4,101 in April 2026.

PSS Scheme Accreditation Level as at January 2026	Total	PSS Scheme Accreditation Level as at April 2026	Total
Core Standards (Unspecified)	3	Core Standards (Unspecified)	4
Core Standards (Equine)	164	Core Standards (Equine)	156
Core Standards (Farm Animal)	193	Core Standards (Farm Animal)	189
Core Standards (Small Animal)	1288	Core Standards (Small Animal)	1306
Equine Emergency Service Clinic	15	Equine Emergency Service Clinic	17
Equine General Practice	81	Equine General Practice	80

Equine General Practice (Ambulatory)	42	Equine General Practice (ambulatory)	39
Equine Veterinary Hospital	28	Equine Veterinary Hospital	27
Farm Animal General Practice	129	Farm Animal General Practice	126
Small Animal Emergency Service Clinic	177	Small Animal Emergency Services Clinic	175
Small Animal General Practice	1797	Small Animal General Practice	1743
Small Animal Veterinary Hospital	220	Small Animal Veterinary Hospital	221
Small Animal Veterinary Hospital (No Dentistry)	20	Small Animal Veterinary Hospital (No Dentistry)	18
Total:	4157	Total:	4101

Awards held

10. Only practise premises that hold an accreditation can apply and hold an award. The top three Awards remain as:
- *The Client Services Award – Small Animal*
 - *Team and Professional Responsibility (Small Animal - Outstanding)*
 - *Patient Consultation Service (Small Animal - Outstanding)*

Award Count

11. This table shows the awards held by species, award and award level achieved:

Level	Count Of Level
Advisory/Consultation Service (Farm Animal - Good)	1
Advisory/Consultation Service (Farm Animal - Outstanding)	1
Ambulatory Service (Equine - Good)	1
Ambulatory Service (Equine - Outstanding)	1
Client Service (Equine - Good)	0
Client Service (Equine - Outstanding)	6
Client Service (Farm Animal - Good)	1
Client Service (Farm Animal - Outstanding)	1
Client Service (Small Animal - Good)	15
Client Service (Small Animal - Outstanding)	96

Diagnostic Service (Equine - Good)	1
Diagnostic Service (Equine - Outstanding)	1
Diagnostic Service (Farm Animal - Good)	0
Diagnostic Service (Farm Animal - Outstanding)	1
Diagnostic Service (Small Animal - Good)	2
Diagnostic Service (Small Animal - Outstanding)	22
Emergency and Critical Care Service (Small Animal - Good)	0
Emergency and Critical Care Service (Small Animal - Outstanding)	27
Environmental Sustainability (Good)	1
Environmental Sustainability (Outstanding)	1
In-patient Service (Equine - Good)	1
In-patient Service (Equine - Outstanding)	1
In-patient Service (Farm Animal - Good)	0
In-patient Service (Farm Animal - Outstanding)	1
In-patient Service (Small Animal - Good)	1
In-patient Service (Small Animal - Outstanding)	27
In-patient Service No Dentistry (Small Animal - Good)	1
In-patient Service No Dentistry (Small Animal - Outstanding)	5
Patient Consultation Service (Small Animal - Good)	5
Patient Consultation Service (Small Animal - Outstanding)	31
Team and Professional Responsibility (Equine - Good)	0
Team and Professional Responsibility (Equine - Outstanding)	0
Team and Professional Responsibility (Farm Animal - Good)	1
Team and Professional Responsibility (Farm Animal - Outstanding)	0
Team and Professional Responsibility (Small Animal - Good)	7
Team and Professional Responsibility (Small Animal - Outstanding)	32

Candidates

12. The current number of 'candidates' is 188 in April 2026, down from 207 in April 2025. This is the number of practices either waiting for the first assessment (as they are a brand-new practice that has joined the Scheme, are an acquisition, closure that has rejoined, or has had their first assessment and is not yet compliant within PSS. This figure is relevant as it has an impact in the Accreditations figures and non-compliance figures. Candidates do not pay annual fees until they are accredited/ compliant. PSS Rules set out that that new practices are to be assessed within six months, and within 12 months for an acquisition.

Non-compliance – 12 months after assessment

13. This rule was introduced in January 2024. For 2024 (January – December), with 6 restarts in

Q1 (Jan to March 2026) which is on par with last year's figures.

Deficiencies

14. Appendix A contains deficiency data for April 2026 displaying medicines and non-medicines data by species.
15. For medicines deficiencies a similar pattern occurs across all species, small animal, farm and equine. All needing to review and improve on monitoring / recording of temperatures of controlled drugs.
16. For small animal practices, ongoing deficiencies are still evident around maintaining premises in good decorative order, alongside a number of health and safety concerns, particularly relating to fire safety and electrical compliance.
17. Within farm animal practices, they need to be focusing on storing and disposing of all forms of waste.
18. Equine practices continue to demonstrate deficiencies relating to radiation controls and the appropriate provision and use of personal protective equipment (PPE).

Part C: Feedback Survey results

19. See Appendix B for a summary.

End.