Council Meeting

Meeting to be held on Thursday, 5 November 2026 at 10:00 am in Rooms 4a and 4b, 1 Hardwick Street, London EC1R 4RB

Agenda	Classification[1]	Rationale[2]
1. **President's introduction**	Oral report Unclassified	n/a
2. **Apologies for absence**	Oral report Unclassified	n/a
3. **Declaration of interests**	Oral report Unclassified	n/a
4. **RCVS Knowledge update**	Oral report Unclassified	n/a
5. **Minutes of previous meetings**		
i. 17 August 2026 – classified appendix	**Confidential**	**1, 2, 3, 4, 5**
ii. 3 September 2026 – unclassified minutes	Unclassified	n/a
iii. 3 September 2026 – classified appendix	**Confidential**	**1, 2, 3, 4**
iv. 14 September 2026 – classified appendix	**Confidential**	**1, 2, 3, 4**
6. **Matters arising**		
a. Obituaries	Unclassified	n/a
b. Council correspondence	Oral report Unclassified	n/a
c. CEO report	Oral report Unclassified	n/a
7. **Matters for decision by Council and for report (unclassified items)**		
a. Practice Standards Scheme – standards review	Unclassified	n/a
b. RCVS Environment and Sustainability Policy	Unclassified	n/a

c. (Draft) RCVS Governance Manual (working title)	Unclassified	n/a
d. Chair, Preliminary Investigation Committee – recruitment process	Unclassified	n/a
8. **Reports of standing committees – to note**		
a. Advancement of the Professions Committee	Oral report Unclassified	n/a
b. Audit and Risk Committee	Oral report Unclassified	n/a
c. Education Committee	Oral report Unclassified	n/a
d. Finance and Resources Committee	Oral report Unclassified	n/a
e. Registration Committee	Oral report Unclassified	n/a
f. Standards Committee	Oral report Unclassified	n/a
g. Veterinary Nurses Council	Oral report Unclassified	n/a
h. Professional Conduct Liaison Committee	Oral report Unclassified	n/a
9. **Reports of statutory committees – to note**		
a. Preliminary Investigation Committee	Unclassified	n/a
b. RVN Preliminary Investigation Committee	Unclassified	n/a
c. Disciplinary Committee and VN Disciplinary Committee Please note: details of disciplinary cases are found on the website, see: https://www.rcvs.org.uk/veterinary-professionals/conduct-and-guidance/concerns-about-veterinary-professionals/disciplinary-committee-hearings and navigate to the individual cases from there.	Oral report Unclassified	n/a
10. **Notices of motion**	Oral report Unclassified	n/a

11. **Questions**	Oral report Unclassified	n/a
12. **Any other College business (unclassified items)**	Oral report Unclassified	n/a
13. **Risk Register, equality and diversity (unclassified items)**	Oral report Unclassified	n/a
14. **Date of next meeting** Thursday, 21 January 2027 at 10:00 am (reconvening in the afternoon) to be held remotely by MS Teams.	Oral report Unclassified	n/a
15. **Matters for decision by Council and for report (confidential items)**		
a. Major projects – update	Oral report **Confidential**	**1, 2, 3, 4**
b. Competition and Markets Authority – update	Oral report **Confidential**	**1, 3, 4**
c. Budget 2027	**Confidential**	**1, 2, 3**
d. Vital signs	**Confidential**	**4**
e. Legislative reform and governance	**Confidential**	**1**
16. **Any other College business (confidential items)**		
a. Comments on classified appendices	Oral report **Confidential**	**# TBC**
b. Other business	Oral report **Confidential**	**# TBC**
17. **Risk Register, equality and diversity (confidential items)**	Oral report **Confidential**	**# TBC**
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 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

Terms of Reference

The vision of the Royal College of Veterinary Surgeons [as agreed in the current strategic plan]

1. Our vision is to be recognised as a trusted, compassionate and proactive regulator, and a supportive and ambitious Royal College, underpinning confident veterinary professionals of whom the UK can be proud.

Role of the Royal College of Veterinary Surgeons [derived from the Charter]

2. The objects of the Royal College of Veterinary Surgeons, as laid down in the Supplemental Charter granted on 17 February 2015 to the Royal Charter of 1844, ie:

a. To set, uphold and advance veterinary standards, and to promote, encourage and advance the study and practice of the art and science of veterinary surgery and medicine, in the interests of the health and welfare of animals and in the wider public interest.

b. The Charter also recognises those functions provided for in the Veterinary Surgeons Act 1966, in terms of the regulation of the profession, and also recognises other activities not conferred upon the College by the Veterinary Surgeons Act or any other Act, which may be carried out in order to meet its objects, including but not limited to:

   i. Accrediting veterinary education, training and qualifications, other than as provided for in the Act in relation to veterinary surgeons;
   ii. Working with others to develop, update and ensure co-ordination of international standards of veterinary education;
   iii. Administering examinations for the purpose of registration, awarding qualifications and recognising expertise other than as provided for in the Act;
   iv. Promulgating guidance on post-registration veterinary education and training for those admitted as members and associates of the College;
   v. Encouraging the continued development and evaluation of new knowledge and skills;
   vi. Awarding fellowships, honorary fellowships, honorary associateships or other designations to suitable individuals;
   vii. Keeping lists or registers of veterinary nurses and other classes of associate;
   viii. Promulgating guidance on professional conduct;
   ix. Setting standards for and accrediting veterinary practices and other suppliers of veterinary services;
   x. Facilitating the resolution of disputes between registered persons and their clients;
   xi. Providing information services and information about the historical development of the veterinary professions;
   xii. Monitoring developments in the veterinary professions and in the provision of veterinary services;
   xiii. Providing information about, and promoting fair access to, careers in the veterinary professions.

The purpose of RCVS Council [derived from the Charter]

3. It is laid down in the Charter that the affairs of the College shall be managed by the Council as constituted under the Act. The Council shall have the entire management of and superintendence over the affairs, concerns and property of the College (save those powers of directing removal from, suspension from or restoration to the register of veterinary surgeons and supplementary veterinary register reserved to the disciplinary committee established under the Act) and shall have power to act by committees, subcommittees or boards and to delegate such functions as it thinks fit from time to time to such committees, subcommittees or boards and to any of its own number and to the employees and agents of the College.

4. The Council is also responsible for the appointment of the CEO and Registrar, and the ratification of the Assistant Registrars. Appointment of all other staff members is the responsibility of the CEO and relevant members of the Senior Team.

5. A strategic plan is developed and agreed by Council to facilitate the delivery of these activities and to ensure ongoing development and quality improvement.

6. A delegation scheme that outlines how Council's functions are managed via system of committees and other groups is agreed annually by Council.

How Council members work

7. In order to enable the Royal College of Veterinary Surgeons to fulfil its vision, and to discharge its functions under its Royal Charter and the Veterinary Surgeons Act 1966, RCVS Council members will:

    a. Abide by the Nolan Principles of Public Life;
    b. Work in the best interests of the public, and of animal health and welfare and public health;
    c. Respectfully listen to the voices of the professions, the public and other stakeholders, and reflect them in discussions where appropriate, ensuring they are put into context;
    d. Neither be answerable to, nor represent, any group of individuals;
    e. Support the College's vision and work towards the success of the College and its functions;
    f. Live the College's values;
    g. Act at all times in a constructive, supportive and compassionate manner;
    h. Exercise a duty of care to the staff employed by the College, working through the CEO and Registrar;
    i. Recognise the importance of a collegiate atmosphere where robust discussion is welcomed in the formation of policy and multiple points of view are listened to and respected;
    j. Respect and support the decisions made by Council when communicating externally;
    k. Communicate College activities and positions to relevant stakeholders;
    l. Abide by the Code of Conduct for Council and Committee members.

Summary

Meeting	Council
Date	3 September 2026
Title	Minutes of the meeting held on 3 September 2026
Summary	Minutes of the meeting held on 3 September 2026
Decisions required	To approve the unclassified minutes and classified appendix.
Attachments	Classified appendix **(confidential)**
Author	Dawn Wiggins Secretary, Council 020 7202 0737 / d.wiggins@rcvs.org.uk

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Classified appendix	**Confidential**	**1, 2, 3, 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

Council

Minutes of the meeting held on Thursday, 3 September 2026 at 10:30 am in Rooms 4a and 4b, 1 Hardwick Street, London EC1R 4RB

Mr T M Hutchinson (in the Chair)	
*Mrs B S Andrews-Jones	Ms H C Grantham
Professor D C Barrett	Dr D L Greenberg
Mr I A Battersby	Professor M D Jones
Miss L S Belton	Dr Z J Kennedy
Dr S E Bennett	Professor C M Loughrey
Dr S R Bescoby	Mrs C-L McLaughlan
Mr J M Castle	Professor T D H Parkin
Ms J Clift	Miss A C Price
Mrs G Fleming	*Dr N C Smith
Ms L Ford	Dr L J Wilson
Dr M M S Gardiner	Mrs K Young
Mr P J Gordon	

*Denotes absent

In attendance:

Mr I A Holloway	Director of Communications (DoComms)
Ms L Lockett	CEO
Ms C L McCann	Director of Operations (DoOps)
Ms C L Paget	Registrar
Mr D Simpson	Senior Policy and Public Affairs Officer (SPPAO)

Guests:

Miss E Brown	Deputy Chief Veterinary Officer (DCVO), Department of Environment, Food and Rural Affairs (Defra)
Mr M Catolico	Senior Audit Manager, Crowe UK LLP (agenda item 17a only)
Mr D Chhatralia	Partner, Social Purpose and Non-Profits, Crowe UK LLP (agenda item 17a only)
Ms A Findon	Director of Policy and Governance, British Veterinary Association (BVA) (open session only)
Mr J Loeb	*Veterinary Record* (open session only)
Mr A Webb	*Veterinary Times* (open session only)
Dr R A Williams	MRCVS, President, BVA (open session only)

President's introduction

1. The President welcomed Council and guests and outlined the order of the meeting. Council was reminded not to use unsupported and unauthorised artificial intelligence (AI) software when attending College meetings, nor to summarise Private and Confidential papers.

Apologies for absence

2. Apologies for absence were received from:

   - Mrs Andrews-Jones
   - Dr Smith
   - Dr Middlemiss (CVO) Observer (Miss Brown DCVO standing in her stead)

   - Mr Castle was delayed by public transport and joined the meeting late.

Declaration of interests

3. There were no declarations of interest to report.

Minutes of previous meetings

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

   - the unclassified minutes and classified appendix of the extra-ordinary meeting held on 13 May;
   - the unclassified minutes and classified appendix of the meeting held on 4 June;
   - the classified appendix of the extra-ordinary meeting held on 23 June;
   - the classified appendix of the remote decision held 26-30 June;
   - unclassified minutes of the remote decision held 1-2 July; and
   - the unclassified minutes of the meeting held on 3 July 2026.

5. They were before Council for approval. It was noted that the draft minutes of the extra-ordinary Council meeting held on 17 August 2026 would be forwarded to Council shortly and would be before Council for approval at its next scheduled meeting.

6. There were no comments or questions.

7. Council was asked to approve the unclassified minutes and classified appendices of the meetings and remote decisions held on 13 May, 4 June, 23 June, 26-30 June, 1-2 July, and 3 July 2026. A vote was taken by a show of hands:

For:	21
Against:	0
Abstain:	0

8. The minutes and classified appendices were agreed by a unanimous vote.

Matters arising

Obituaries

9. There had been no written obituaries received.

10. Council and guests stood for a minute silence for all members of the professions who had passed since the last meeting.

Council correspondence

11. The President reported the following:

Honours

12. There had been an omission in reporting at the last scheduled meeting, and the President was pleased to report the following honours had been received in the King's Birthday Honours:

    - Professor Clare Rusbridge FRCVS, currently Professor of Veterinary Neurology at the University of Surrey, had received an MBE for services to animal welfare and to the veterinary profession;

    - Dr Kirsten Rausing, RCVS Honorary Associate, had received a CBE for services to charity, animal welfare, horseracing and bloodstock.

13. The Senior Vice-President (the then President) had written and congratulated them on behalf of Council and the College.

14. Further, that former RCVS CEO Nick Stace OBE had received a Political Life Peerage; the (current) President would write to offer congratulations to Lord Stace shortly.

Fellowship Day

15. Council was reminded that Fellowship Day was scheduled to be held on Thursday, 26 November 2026 at One Great George Street, Westminster; registration for the event was on the event page on the RCVS website.

CEO report

16. The CEO introduced the paper. It was noted that it held key highlights since Council's last scheduled meeting in June and also the more detailed Operational Plan summary – the document mapped all of the activities that the College was undertaking in the first three years of its five-year Strategic Plan against the ambitions of the Plan under the themes of working stronger together. The Operational Plan was a granular document, the rationale being that the previous iteration had

not been easy to see where there had been delays or where things had gone wrong; Council members' thoughts on the format and level of content were welcomed. The current format was presented to Council three times a year at the scheduled September, January and June meetings, albeit that, if any member wanted an update on a particular topic, the CEO or Senior Team member lead for the particular committee's area of work would be able to provide it. The document had been presented to Council as a PDF, and it was noted it was also available in MS Excel form – so that committee Chairs and their Senior Team colleagues could filter the information and focus on specific areas.

17. In terms of activities, it had been a busy period – as evidenced by the number of additional Council meetings held to discuss the Competition and Markets Authority (CMA) and Veterinary Surgeons Act (VSA)-related activities over summer; a lot of those timetables were not of the College's making, and it had been tough for the staff team to manage those additional pressures alongside business as usual and also managing strategic priorities; that meant, however, that there were some delays starting to affect some of the pieces of work – sometimes it was in relation to the additional work, whereas sometimes it was because there had a lot of feedback on a particular project, so time was being taken to really listen to that and make appropriate changes. It was noted that the staff team had not necessarily had a great break this summer and they were moving into a very busy autumn, and it was increasingly difficult to find time for meetings through to December. They were working as best they could to deliver on work, but it was anticipated that there might be some changes to timelines on some non-urgent and non-statutory functions going forward.

18. Comments and questions included:

- regarding resilience, every time Council received the report, someone asked how the team was coping; Council had already been informed that the team was very busy, was it more so than all of the other previous discussions?

    - historically, the organisation had been quite 'lean' in terms of staffing and that was reflected in its fees, although that might not be widely recognised within the profession. One reason of how that had been achieved had been because there were a number of long-standing staff members who had a lot of expertise, who were very efficient and worked at the 'top of their game'. However, a lot of the recent work and pressure was on those people; the Senior Team leads and specialists within their teams. That led to a danger of some points of failure there, not because those individuals were not incredibly resilient, but that there was only so much that could be asked of them and it was not responsible to continue to do so.

      The difficulty was always when a team was super busy, there was insufficient time to induct new people. One of the challenges in some of the key areas where additional resourcing was required was that it was not clear what that resourcing looked like. Taking the ongoing VSA work as an example, over the last year the College was: just going to be a regulator; the next point was that it was just going to be a Royal College; then a mixture of both; and it remained somewhat unclear.

Resourcing was key: there was ongoing resourcing for the CMA work; the College was considering consultancy help for the VSA work; and temporary staff had been obtained to support some operational issues. It was likely that some of the future functions would require restructuring of teams but, again, it was an unknown quantity. There were, however, good processes in place to support staff members, but care had to be taken not to overload the most resilient of them;

- it was useful to have granularity of detail [in the operational plan], but not necessarily three times a year. It was suggested that full granularity be retained for the September meeting as the first scheduled Council meeting in the College year, thereafter for the January and June meetings that only significant changes to timelines be brought to Council's attention;

- every time the report and Operational Plan was before Council, it was staggering to see the amount of work undertaken. It was important that Council, and others in the profession, were made aware of that. Whilst acknowledging that CMA and VSA demands and timelines were out of the College's control, was there anything more that Council could be doing to support [you] and the team, particularly as it was only getting busier?

    - in relation to the previous comments about resourcing, if there came a point at which more money was required in order to do more recruitment, support for that would be needed. Also, an understanding that if more discretionary non-statutory functions were slightly delayed – it was not just about focussing on the statutory requirements because the Royal College role was incredibly important and continued to build.

      One solution to consider was to have the full report before Council once a year, but a commitment that committees would look at their portion of the Operational Plan more frequently, say, twice yearly, or whatever the committees preferred. Otherwise, the entire burden of oversight sat on the staff team to know when something ought to be escalated or not.

19. Council agreed to the proposal of a full report annually, with committees tasked to consider the Plan at least twice a year and to take responsibility for the work attributed to it. Furthermore, that there was support should there be a need to recruit additional people.

Mr Castle joined the meeting

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

Under Care review – update

20. The Chair, Standards Committee, provided an update to Council:

- the updated guidance on prescribing Prescription-Only Medicines – Veterinarian (POM-Vs), Limited-Service Providers (LSPs), and advice / information services was implemented in its entirety in January 2024;

- when Council approved the updated guidance, it agreed that it should be reviewed 12 months post-implementation;

- in January 2025, the Standards Committee commissioned VetCompass of the Royal Veterinary College (RVC) to carry out research on prescribing behaviour before and after implementation of the guidance. That research did not begin until summer 2025 due to researcher availability and was now drawing to a close; that was the first phase of the review. For context, it involved looking at approximately 8 million patient records; the College had been kept up to date with progress and would hopefully receive an Executive Summary of the findings from VetCompass to publicise soon;

- Standards Committee was now working through the second phase and, at its forthcoming September meeting would consider / decide upon a survey to go out to the profession – the content of the survey being informed by the provisional findings by VetCompass. The drafting of the survey had involved several members of the Committee over the summer and was considered a priority of the Committee. The second phase would also include analysis of survey responses, stakeholder engagement, analysis of RCVS concerns and advice data;

- the Standards and Advice Team and Committee continued to work hard to get that to implementation stage; together with the early findings it would all be drawn together and the Committee hoped to be in a position to finalise its report and recommendations in spring 2027.

21. There were no questions, and the update was noted.

Council Effectiveness Group report

22. The Chair, Council Effectiveness Group (CEG), provided an update to Council:

- the CEG aimed to make Council more effective from a cultural skills development perspective, and had spent some time looking at its Terms of Reference, which would come back to Council in November;

- practical things that had happened since Council last met included:

    - Frequently-asked Questions (FAQs) for new Council members had been created and uploaded to the Diligent One Council Workroom Library – the Group had agreed that it was an internal resource and that the library was the best place for storing them;

    - ‘buddy’ guides had been created for people undertaking the role of buddy for new Council members and for the people being buddied themselves;

    - consideration had been given to how to improve the appraisal process and how reflections could be added;

    - a training plan for Council members was being produced; that was reliant on people completing the skills matrix, which was sent to Council c. six to seven weeks ago;

- work had commenced on how the College could simplify the Council member fee structure and modernise it.

23. There were no questions, and the update was noted.

Review of Code of Conduct for Council members and Policy for complaints against Council (and committee) members

24. The Registrar introduced the paper. She highlighted that the Code of Conduct for Council members set out Council's obligations, and that it acted as a device for communication to the public, the wider profession, and also to members of staff at the RCVS about the values and behaviour that were expected of the organisation, particularly at the top of the organisation.

25. There were some amendments to the text that made it slightly clearer and more directly applicable to Council. Significant changes included: the addition to the confidentiality requirements to the guidelines specifically, to highlight the importance of treating Council information confidentially – where it was confidential – and to ensure that the College encouraged free debate without fear of those discussions getting out into the wider world and to avoid a 'chilling' effect on the frankness of an exchange of views. Also, a compliance with having a 'duty of candour' – whilst not currently law, a Bill was working its way through Parliament with some momentum that was commonly called 'the Hillsborough Law'. It was proposed to add compliance with the duty of candour to the Code of Conduct, even though it was not a current legal obligation it enhanced the Nolan principles that were already included and with which Council were expected to comply. It would ensure openness and transparency with the public and the profession.

26. With regards to the Policy for complaints against Council (and committee) members, it was noted that it seemed to have worked well when it had been used. The option to include a Legal Assessor in setting out the process for a complaint once it had reached Stage two of the process was reconsidered, and it was deemed appropriate to retain that as it provided impartiality and independence (Legal Assessors were independent lawyers that advised the College's Disciplinary Committee).

27. Comments and questions included:

- re: paragraph 14 of the revised Code of Conduct that stated: '*Council members are of the view that confidential information should be disclosed to comply with the duty of candour then they should seek advice from the President and Registrar before any disclosure takes place*' – in the case of an investigation, if that investigation was looking at the worst case scenario where a complaint had been made, someone should be able to speak freely to whoever was conducting that investigation – should it be *advisory* to speak to the President or Registrar rather than *obligatory* in order to avoid a potential complication of added pressure if the investigation was going in a way that was detrimental to the College or individual, and to prevent the perception of a 'warping' of the investigation?

- that wording was included because of the potential for confusion between that kind of confidentiality and the duty of candour. In the event of doubt, it was to provide an avenue to get advice; the point was taken and further thought could be given to that wording;

- so, for clarity, the duty of candour would take precedence over the need to seek advice?

  - yes. The purpose was to ensure there was no confusion between confidentiality and candour;

- [I] understand the principle and agree with it, but [I] also read it in the same way – the wording was not quite right;

  - that wording would be revisited as well as consideration to possible safeguards;

- re: possible outcomes at paragraph 14 of the Policy for complaints, was there an opportunity to include some supportive or training options as they were all currently punitive? Punitive measures might be needed but, given the College's wish to be supportive and help people, could an option such as a suspension with development plan be possible?

  - yes, that could be included;

- re: paragraph 12, collective responsibility: one of the things heard repeatedly in conversations from veterinary professionals was '*had my view been heard on Council*? It was agreed that there should be collective responsibility and Council members should support the outcome but that there had been many times where [I] might have voted differently to the way the majority of people had voted. Whilst [I] absolutely supported the outcome, in terms of transparency and openness, were Council members allowed to say *'yes, [I] was a minority voter, however, [I] support the outcome, but equally [I] wanted you to know that your voice was heard'* – often [I] had felt that [I] might be overstepping the boundaries were [I] to do so, and there were quite a number of the profession who felt like their voice was not being heard. Further, that discussions with previous Council members had indicated that current members were not allowed to have that discussion, instead that [we] should just say [we] supported the outcome and were not going to discuss what happened. Re-reading the documents before Council, it appeared that there was a misunderstanding of what Council members were, or were not, allowed to do;

  - the point of being on Council was so that discussions were had about policy or whatever was before it, and that it was an open and frank discussion. Most of the time that would be minuted to reflect the discussion and the unclassified minutes would be publicly available where members of the profession could be directed to it, to understand the topics of discussion and how they were addressed. Whilst context was important, as was maintaining confidentiality where papers and minutes were deemed private or confidential, the purpose of collective responsibility was to make sure that the RCVS was speaking with one voice, whatever the decision was, even if it was contentious or that some members had voted against it. The decision of Council was, effectively, the decision and approach of the RCVS. It was not about micromanagement of Council's

conversations but rather to make sure that, generally, Council members were supportive of Council decisions and the debate that had been held in arriving at that decision;

- the number of votes for, against, and abstentions were recorded, but were unnamed. Other organisations provided that information, for example, [I] could find out whether my Member of Parliament (MP) had voted for or against a particular vote in Parliament – had thought ever been given to that to increase transparency and responsibility, and it would also address the point being made?

    - yes, there had been quite a lot of thought on that in the past, particularly around the time when recording of meetings was introduced, and more data became available. Council's decision at that point was not to do that, so that people would not then get lobbied, put under pressure, or be singled out, if there was a particularly contentious issue. Council could revisit that decision if it wished – not to have an ad hoc vote at [that] meeting but to come back to it through the CEG. The one area where it was suggested not doing that was the private votes that were put in for people-related decisions, for example, internal elections for Junior Vice-President, etc. In any event, such information was subject to the Freedom of Information Act (FOIA);

- recording who voted for an against for internal elections (for example) could be very divisive and counterproductive, but the issue was worth revisiting, given that Council was likely to go through a period of some contentious voting;

- it was interesting – and worrying – to hear the point made about not feeling able to discuss matters debated in open session with the wider profession; could the CEG also consider that? Confidential matters were obviously different, but the staff and Council worked hard to have as many discussions in open session as it could for those reasons. In the past [I] had had people approach me to say 'I see you did that' but [I] think it was more obvious when voting was by show of hands in the room;

    - noted;

- re: comments about being 'hounded' on social media or 'singled-out' by negative or destructive treatment through other forms were serious and upsetting, and also had to be considered;

    - noted.

Miss Price left the meeting

28. Subject to minor amendment of the wording in paragraph 14 of the Code of Conduct for Council members around duty of candour, and the addition of the suggestion for a supportive or training option at paragraph 14 of the Policy for complaints against Council (or committee) members, for example, suspension with development plan, Council was asked to approve the revised Code of Conduct for Council members and Policy for complaints against Council (or committee) members. An electronic vote was taken:

For:	21
Against:	0
Abstain:	0

29. Ms Grantham experienced technical difficulties and submitted an email vote that was included in the figures.

30. Subject to the minor amendments the revised Code of Conduct for Council members and Policy for complaints against Council (or committee) members was agreed by a unanimous vote.

Internal audit strategy framework

31. The Director of Operations (DoOps) introduced the paper. Internal audit existed to provide independent and objective assurance to the Audit and Risk Committee (ARC) and to Council on the adequacy and effectiveness of governance, risk management and internal controls, and also to identify gaps and support improvements. It was ARC's delegated responsibility.

32. In the past, internal audit had been carried out by doing 'deep dives' into certain areas and by asking external people with relevant experience to carry out those activities. ARC now considered that there should be a formal framework to carry out internal audit to ensure all relevant areas were covered, as well as consideration of the Corporate Risk Register (CRR) (and supplementary departmental risk registers) and any other matters that might arise during the year.

33. The paper before Council proposed an internal audit strategy for the RCVS. It was not a plan showing the work that would be carried out, but it identified the principles underlying the internal audit approach.

34. ARC considered the paper at its meeting in June, where some amendments had been suggested; the revised version had been before the Committee the day prior to Council where further changes were proposed:

    - section 6: add core regulatory functions;
    - identify a dedicated person to act as a 'bridge' between internal audit carried out and ARC, rather than going through the RCVS Senior Team, which might be perceived as being a conflict of interest;
    - measures should be quantified for clear target setting; which was a sensible solution.

35. The Audit Plan was to be prepared and presented to ARC at its November meeting for consideration. There would also be a dedicated provision in the budget for internal auditors from an external organisation to carry out the work and report directly to ARC, who would in turn report the findings to Council.

36. Comments and questions included, but were not limited to:

    - it was a good paper, and the guiding principles were very clear. Had testing been considered prior to approval? If there was limited resource to undertake internal audit, when applying the

principles there might on occasion be areas where you still had to work through what were the priorities. If internal audit was applied [today], what would it look like? Would it do what it set out to do?

  - that had not yet been done. It could be considered when the Audit Plan was produced for the year and see how that met the framework, or where there might be gaps. High risk areas of the CRR would be considered at the same time;

- that was discussed at ARC the day previously. [I] was very supportive of the framework and knew there was more work to be done in terms of the Audit Plan and costs, etc. The actual structure was good;

- at ARC there had been a lot of questions about its accountability. In terms of using it, another member of ARC had raised that (external) internal auditors often looked at Key Performance Indicators (KPIs) for financial and governance matters, but that the College had to ensure that its regulatory side was considered and it was noted that those parts of the professional metrics under consideration had the potential of being misunderstood by external companies. The College had to ensure that had been included and added to the next draft;

- did the College have a formal process of recording significant events, or when things happened that could be used as measures of effectiveness?

  - it was dependent how the significant events were logged, because those would be kept on the risk register if they were detrimental or caused a risk to the organisation. That would then feed into the approach on what was going to be reviewed in the internal audit and what was discussed at ARC. It was suggested that such events be captured within the risk register(s), which were regularly reviewed;

  - as an extra layer of assurance, the Vital Signs paper was put to Council annually. If something catastrophic had happened, it would get logged there because it was the kind of ‘heartbeat’ of the organisation; the things that might go wrong. For example, if the College had had a Judicial Review, and it had not gone our way, that would be logged there; also, if there was a particular issue under a relevant committee;

- it might be implicit but was there clarity around escalation if actions were closed or they started to drift? Oversight was with ARC but were there opportunities for escalation or some kind of follow-up action?

  - there was an action list following every ARC meeting where items were logged as well as actions required and completion. If it was incomplete, there would be a gap, and could be flagged for escalation at that point;

- while the framework was in progress to be coming to fruition, it had to go back to ARC in November and there also had to be an Audit Plan approved; were the deep dives still going on in the interim period, especially if there was a need for a pilot?

- no deep dives were planned between now and November. The aim was that, following Council, the plan of reviews would be agreed at the November ARC meeting and commence thereafter;

- the College had to make sure that the external people were not 'marking their own homework';

  - that had been considered recently in a different area; you could not use external auditors to carry out internal audit because it would be akin to marking their own homework. They also had their own ethics panels that reviewed the activities that they undertook that would flag it internally for them. It was, however, possible to use a different department within the same organisation, but there would have to be 'clear water' between them; it was ingrained within the organisations, but it could be explicitly stated if Council preferred. ARC would consider who would be appointed;

  - it was further confirmed that there was a Code that auditors were required to practise to and the requirement around their use of their internal ethics process and the separation that they needed to have on functions was ingrained, so they would not be permitted to take that work even if the College had not explicitly required it.

37. The discussion was brought to a close. Council was asked to ratify the draft Internal Audit Strategy Framework in principle, noting the ARC's previous support for the Framework and that it might agree further amendments at its (the Committee's) meeting on 2 September 2026 (as detailed above) before the final version was adopted. An electronic vote was taken:

For:	21
Against:	0
Abstain:	0

38. The draft Internal Audit Strategy Framework was agreed in principle by a unanimous vote.

Reports of standing committees – to note

39. The President reported that there had been very few standing committee meetings held since the last Council meeting, therefore little for committee Chairs to update Council on.

Advancement of the Professions Committee

40. There were no comments or questions raised.

Audit and Risk Committee

41. There were no comments or questions raised.

Education Committee

42. There were no comments or questions raised.

Finance and Resources Committee

43. There were no comments or questions raised.

Registration Committee

44. There were no comments or questions raised.

Standards Committee

45. There were no comments or questions raised.

Veterinary Nurses Council (VNC)

46. The new Chair, Veterinary Nurses Council (VNC), reminded Council that it had a population of 14 members, a number of whom were coming to the end of their current terms – both elected and appointed members. Discussions were ongoing to ensure that there was consistency across the group and to avoid a 'cliff edge' where a number of people left at the same time. Outcomes of those discussions would come to Council at a later date if it was deemed necessary.

Professional Conduct Liaison Committee

47. There were no comments or questions raised.

Reports of Statutory Committees – to note

Preliminary Investigation Committee

48. The Registrar outlined the paper and noted that the Professional Conduct (ProfCon) Team was considering the ongoing work and whether there were more effective ways to reflect it than in its current format. Commonly, as with other regulators, the RCVS was receiving a huge volume of Artificial Intelligence (AI)-generated complaints raised against vets and veterinary nurses, as well as general complaints, and further requests for reviews of decisions.

49. The nature of AI and the voluminous number of pages per complaint put a significant strain on the Team, were difficult to read and slowed the process down considerably; so much so that consideration was being given to uploading a statement on the website to just to try and encourage people away from using AI. The Team was trying to find ways to reflect that appropriately in the reporting rather than just use KPIs.

50. Comments and questions included, but were not limited to:

- re: tabled data: that showed the length of time necessary to process concerns and the performance against KPIs; could that be put into chart format with a rolling average, in order to identify trends. A trend 'line' would show improvement and deterioration;

    - noted;

- if there were 759 complaints raised against vets, was there any routine assessment of those individuals against Continuing Professional Development (CPD) compliance as they might be

regarded as potentially a higher risk group for non-compliance? That could be used to drive improved behaviour as well as awareness amongst vets more widely;

  - no such assessment was undertaken in the ProfCon Team; the Education Team *did* do a lot of work on CPD compliance and reminded people of the requirements, which generated a lot of communication. Continued non-compliance was escalated to the ProfCon Team to send a letter out to raise the issue with the individual, which tended to resolve the matter in the majority of cases. The 759 complaints were, essentially, those that came 'through the front door'; that were subsequently triaged and, if appropriate became concerns and a case was opened. Of the c.3,500 complaints, it was a mixture of matters that did not necessarily become concerns;

- with metrics and the measuring of importance, it was important that the College / Council used those figures appropriately because the complexity and other factors that governed the time were not all within the College's 'gift'. Being harsh about KPIs without context could be unconstructive, so Council needed to understand the figures, and subsequent complexities, and use them to drive improvement – which was a big part of what happened within the Team already – because the figures alone might go in one direction, but the quality of work was excellent and it was about maintaining the quality as well as the speed of that work;

- the biggest number in the table of complaints was for 'Veterinary care – general' at 116 – would it be worthwhile to have a better breakdown within subcategories in case there was something that Council was missing?

- if there was regulatory reform with oversight bodies, those bodies would be very keen on that area and timeliness, etc. It was presumed the College was already considering how other organisations were regulated in a more modern regulatory sense and questioned if there would be a direction of travel from what was reported in the paper to what might be seen in one of the more modern regulators?

  - reports were placed before the Professional Conduct Liaison Committee (PCLC) that were as helpful and meaningful as possible. In due course it was hoped that the IT upgrade would be able to assist with their generation because they were currently manually processed;

- the description of category had been raised previously, was there an opportunity to look at the categorisation and to split it down further? It would help direct education / guidance, for example, euthanasia complaints could be split into technical ability versus a communication issue; post-op complications should be under surgical errors, etc.;

  - consideration could be given to the cases under 'General' to see what additional information would be helpful, albeit there had to be a balance between categorising things wide enough to be useful, rather than saying what a case was about individually;

- past work related to categorisation was acknowledged because it was previously only identified as 'Veterinary care – general' and the subcategories had not existed at all. It was

difficult because how the complainant and receiving officer described matters could differ and it was sometimes difficult to put things into little boxes; it was much better than it used to be;

  - noted, thank you;

- whilst supportive of being able to report to an extent on subcategories, caution should be taken not to alter the high-level categories too much – the point was to see the value of how patterns and trends changed over time;

- responding to the comment about the quality of work and timelines not always being met, did the timelines need to change, particularly with regards to Stage two Preliminary Investigation Committee (S2PIC)? If the KPI was met less than 50% of the time, did it mean the timeline was unrealistic?

  - that had been discussed at PCLC and, to date, not meeting the KPI had not been seen as a reason to change it, and it was unclear if that would even be helpful in terms of the information and assessment of case progression or for the Team; it was about trying to find a way of meaningfully reflecting what was happening at S2PIC;

- could Council stand back and ask itself why there were categories at all? Clearly categorisation could be very fine or grouped together. There was the issue of being able to monitor trends over time, so changing categories should be limited; that part of Council's remit was to try and identify why complaints happened, how they could be prevented and to drive CPD in general, or maybe promote courses through RCVS Academy, or just get the information out to the profession. For example, if a lot of complaints had been received regarding euthanasia, the advice would be to undertake some CPD in that area because of the notable trend;

- re: number of cases before the Charter Case Committee (CCC), none had been referred in the last three months; how was that Committee working generally?

  - there had been limited use of the CCC, but it did provide a valuable function by allowing for the alternative resolution of certain cases where it was not in the public interest for the matter to be referred to a hearing of the Disciplinary Committee (DC), and it was considered to be worth keeping. If, and when, there was a new VSA, it would 'fall by the wayside', because it was hoped that there would be a proportionate approach to fitness to practise rendering it unnecessary;

- it should be remembered that those numbers represented veterinary professionals, some of whom might never recover. There was hugely important information there that could be used to protect animal health and welfare and public welfare, and it could provide a wealth of information that should be put to Council;

  - to reassure Council, the types of advice queries as well as the types of complaints received were considered, usually by the Standards and Advice Team, who would look to put on Academy courses to respond to the kind of trends noted;

- there were fewer Registered Veterinary Nurses (RVNs) complained about in total, but equally there was no the same level of information broken down into categories – it would be really useful to have a sense of the topics raised with regards to RVNs as well;

    - noted.

51. The President drew the discussion to a close and the points made were noted.

RVN Preliminary Investigation Committee

52. There were no comments or questions raised, and the report was noted.

Disciplinary Committee and VN Disciplinary Committee

53. There were no comments or questions raised, and the report was noted.

Notices of motion

54. There had been no notices of motion received.

Questions

55. There had been no questions received.

Any other College business (unclassified items)

56. There was no other unclassified business raised.

Risk Register, equality and diversity (unclassified items)

57. There were no unclassified items to add to the Corporate Risk Register.

Date of next meeting

58. The next scheduled meeting of Council was Thursday, 5 November 2026, to be held in person commencing at 10:00 am at 1 Hardwick Street, London EC1R 4RB, and had an expected end time of 4:00 pm.

59. It was noted that there would be a further extra-ordinary meeting of Council to be held within a short notice period to consider the College's Undertakings in relation to the outcome of the CMA's

consultation on substantive remedies for the investigation into veterinary services for household pets; the College was awaiting documentation from the CMA.

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

Major projects – update

60. This information is available in the classified appendix at paragraphs 1 – 22.

Competition and Markets Authority – update

61. This information is available in the classified appendix at paragraphs 23 – 28.

Legislative reform and governance – update

62. This information is available in the classified appendix at paragraphs 29 – 41.

Any other College business (confidential items)

Comments on classified appendices

63. There were no comments raised.

Other business

64. There was no other business raised.

Risk Register, equality and diversity (confidential items)

65. This information is available in the classified appendix at paragraphs 42 – 43.

Training session (confidential items)

66. This information is available in the classified appendix at paragraphs 44 – 46.

67. The meeting was drawn to a close.

Obituary

Dr Kerry Molloy,

BVMS 2005

Kerry Molloy studied at the University of Glasgow, graduating BVMS in 2005. During her time at university she took a year out and travelled to Guatemala, volunteering with veterinary projects in the mountains. She came home with a love of travel, some curious attire, and exciting photographs of dental surgery on big cats.

Initially working in Renfrew, Kerry moved to Champion Vets in Ibrox and Paisley, and quickly became the lynch pin of their Paisley branch. A “Paisley buddy” herself, the clients immediately took to her. She had a knack of making people feel that they were the only thing that mattered, giving her full attention and commitment in that moment.

During this period, she and her high school sweetheart and love of her life, Edd, decided to create a family, and had two children together.

In 2016 the opportunity arose to buy Love Street Vets, and Kerry and Edd became practice owners. Starting with a staff of 3, the practice was for a few years the only independent vet surgery in Paisley, something she was fiercely proud of. Her good name and community focus followed her in her new venture, and the client list started to swell. A shrewd businesswoman as well as a gifted and compassionate vet, the practice soon outgrew its historic home. A new location was found and renovated, and one memorable day the practice flitted- mostly on foot through the local park to their new home on Caledonia Street.

As a revered member of Vet Mums Who Own, Kerry mentored many new business owners and was generous with her time and expertise. Her own business flourished, growing to a team of 20 women. She particularly championed neurodivergent friendly workspaces, drawing out the best in those lucky enough to work with her.

A stylish, talented, creative woman, described by a classmate as looking like she’d got lost on the way to art school and stumbled into veterinary medicine by accident, she will also be remembered on the folk music scene in Glasgow where she loved to play her fiddle.

She will be missed by so many colleagues, clients, friends and family, but none more so than her husband Edd, son Michael and daughter Aela. The price of great love is deep grief, and many are mourning the loss of this luminous, beautiful, loving person from their lives.

Heather McCabe BVMS MRCVS

Brian John Shreeve

A veterinary surgeon with a distinguished career in research whose enthusiasm for learning saw him return to practice after a 25-year gap.

Brian John Shreeve, BVSc, PhD, MRCVS. (b) 1936. (q) Liverpool 1960. Died 10 July 2026.

AFTER graduating from the University of Liverpool's School of Veterinary Science in 1960, Brian began his career in mixed practice, working in Lincolnshire and Southampton, Hampshire, before returning to Liverpool to undertake a PhD investigating the effect of colostrum intake on piglet mortality.

Discovering a passion for research, he joined the Moredun Research Institute near Edinburgh, where he published extensively on *Pasteurella haemolytica* infections in sheep. He subsequently moved into government service, first at the Veterinary Investigation Centre in Penrith, Cumbria, and later at the Central Veterinary Laboratory in Weybridge, Surrey.

Working initially in the bacteriology department and subsequently in mycology, Brian made significant contributions to advancing the understanding of *Pasteurella* and *Escherichia coli* infections in animals, helping to shape methods for their diagnosis, prevention and control.

Rising to become deputy director and later director of research, he played an influential role in the development of UK government animal health policy in the late 1980s and early 1990s.

Brian took early retirement in 1993 but was not ready to leave the veterinary profession behind.

After more than 25 years away from clinical practice, he undertook the considerable challenge of rebuilding his clinical knowledge in a profession that had changed dramatically, with many of the diagnostic techniques, diseases and treatments in use having emerged since he was last in practice.

He returned to small animal practice in Mitcham, south London, a role he thoroughly enjoyed, and continued working well into his seventies before retiring. He remained actively interested in veterinary medicine after his retirement and continued to attend the regular class of 1960 reunions with his Liverpool classmates.

Beyond his professional achievements, Brian was a devoted husband, a father of four, a grandfather of seven, and a great grandfather of two. He found great happiness in family life at his home in Pyrford and pursued a wide range of interests including sailing, bird watching, natural history, literature, art and astronomy. Endlessly curious, he never lost his enthusiasm for learning, for the natural world or for the people around him.

In his final year Brian made his home in Henley-on-Thames, embracing life by the river.

He will be remembered for his kindness, his unwavering optimism and remarkable ability to find the good in every situation. He is deeply missed by his family, friends and colleagues.

Helen Shreeve



> **He played an influential role in the development of UK government animal health policy**

OBITUARIES

Vet Record is keen to pay tribute to the life and work of members of the profession who have died.

If you would like to share your memories of a colleague or a family member who was a vet, please email: vet.obits@bvajournals.com or write to Obituaries, Vet Record, BVA, 7 Mansfield Street, London W1G 9NQ.

RCVS
Inspiring confidence in veterinary care

Summary	
Meeting	Council
Date	5 November 2026
Title	Review of the Standards of the Practice Standards Scheme (PSS Standards).
Summary	Presentation of the five yearly review of the PSS Standards and the revised framework for guidance and standards.
Decisions	Approval of the revised PSS Standards framework and the proposed timetable for rollout.
Attachments	• Annexe A Core Standards • Annexe B Core Standards Supporting Guidance • Annexe C Small Animal General Practice (GP) Standards • Annexe D Small Animal General Practice (GP) Supporting Guidance • Annexe E Farm Animal General Practice (GP) Standards • Annexe F Farm Animal General Practice (GP) Supporting Guidance • Annexe G Equine General Practice (GP) Standards • Annexe H Equine General Practice (GP) Supporting Guidance • Annexe I Small Animal Veterinary Hospital (VH) Standards • Annexe J Small Animal Veterinary Hospital (VH) Supporting Guidance • Annexe K Equine Veterinary Hospital (VH) Standards • Annexe L Equine Veterinary Hospital (VH) Supporting Guidance • Annexe M Small Animal Emergency Services Clinics (ESC) Standards

	• Annexe N Small Animal Emergency Services Clinics (ESC) Supporting Guidance • Annexe O Equine Emergency Services Clinics (ESC) Standards • Annexe P Equine Emergency Services Clinics (ESC) Supporting Guidance
Author	Alice Duvernois PSS Lead Assessor - a.duvernois@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

Briefing Paper

Background

1. The review of the Practice Standards Scheme (PSS) accreditation standards forms part of the RCVS's scheduled five-year review cycle, although progress was delayed by wider sector developments, particularly work arising from the CMA market investigation. The review has involved extensive engagement with subject matter experts, including Practice Standards Group (PSG) members, senior and lead assessors, the Standards and Advice team, the Standards Committee, and the PSS Review Group. Six specialist working groups met throughout 2024 to review the standards, while subsequent feedback from the veterinary associations helped shape and refine the proposed framework. Although a second phase of work planned for 2025 did not proceed due to resource demands associated with CMA-related work, the review was consolidated into a more proportionate programme focused on delivering achievable improvements to the standards.
2. The resulting proposed standards and guidance framework maintain the existing structure and tiering of the accreditation scheme while modernising and updating requirements to better reflect current professional standards and best practice. Some requirements have been streamlined, removed, or consolidated where duplication existed or where changes would improve clarity and usability for practices, while additional stretch elements have been introduced in selected areas. The review is intended as one phase of a broader programme of development, with further work planned on digital delivery through the in-house RCVS digital team , risk-based assessment approaches, updates to PSS rules, assessment methodologies, income and expenditure considerations, and future demand and capacity planning.

Objectives of the review

a. Consolidate the Standards and reduce the process for practices
b. Have a greater focus on areas of higher risk
c. Provide clearer outputs for each standard
d. Reduce the prescription and complexity of the standards to make them easier for practices to implement
e. Assess in a smarter way

Key areas of change

a. Higher standards throughout the accreditations
b. Core is now one single accreditation framework that covers all species.
c. Core number of standards is now consolidated from 212 down to 91 Standards with a similar pattern of consolidation throughout the framework.
d. Substantial number of standards have cascaded into GP and Veterinary Hospital from awards
e. Introduction of self-certification as a proportionate means of assurance of compliance within the assessment process
f. A new CMA standard that creates a proportionate and constructive framework for practice teams to ensure CMA compliance
g. Medicines module simplified to allow for better alignment with VMD inspection guidelines
h. Even though awards have not changed in content, the numbering will be adjusted to match the new outcomes formatting
i. Rules – The PSS rules are currently being reviewed and will be submitted for approval at the next Council meeting

Standards, PSG & working group involvement

3. PSG - Over the past three years, PSG has undertaken a comprehensive review of the PSS Standards to create a simpler, clearer and more effective framework for practices and the public. Specialist working groups reviewed the existing standards in detail, identifying opportunities to remove, combine or relocate requirements, streamline evidence requirements and reduce unnecessary administrative burden. Recommendations were developed with input from assessors and subject matter experts and considered alongside the Awards framework and supporting resources. Detailed mapping exercises were completed to demonstrate how existing standards would transfer into the proposed framework, including standards retained, amended, moved to outputs or removed, together with an assessment of the potential impact and risk associated with each change.
4. The review culminated in a full-day PSG workshop on 26 June, led by the Lead Assessor, where participants from across species and accreditation areas scrutinised and refined the proposed changes, particularly those with the greatest potential impact on practices and

compliance. Feedback and recommendations from the workshop have been incorporated into the proposed standards and accompanied the framework for consideration by the Standards Committee. In addition, the revised standards and supporting guidance have been reviewed by a range of internal and external stakeholders, including the Veterinary Medicines Directorate (VMD), RCVS Standards and Advice, Communications and Advancement for the Profession teams, RCVS Knowledge and the Public Advisory Group. Stakeholder feedback has been incorporated into the final version of the standards wherever appropriate. The overall aim of the review has been to modernise and streamline the standards while ensuring they remain robust, relevant, practical and focused on delivering meaningful outcomes for practices, clients and the profession.

5. The Standards Committee - The Lead Assessor and Registrar presented the revised framework to the Standards Committee for consideration on the 16th September 2026. Members noted that the vast majority of proposed changes are likely to have a low impact on practices, with only 2% of proposed changes categorised as high impact(see below table) The Committee reviewed the higher-risk changes in detail and generally supported the proposed direction, including moving clinical governance into Core Standards, strengthening pain management and welfare requirements, introducing clearer expectations around staff wellbeing, client engagement and quality improvement, and recognising the need for flexibility where practices face practical constraints. The Committee also highlighted the importance of a supportive implementation approach, robust communications, and ongoing monitoring of compliance trends to identify and address any unintended consequences. The Committee agreed to recommend the revised standards framework to Council.
6. The Committee also approved a number of key policy and implementation decisions. It agreed to retain the current accreditation level names to avoid confusion, approved the introduction of proportionate self-certification in principle to reduce administrative burden, and endorsed the proposed CMA-PSS interface under which CMA compliance will be monitored separately through the Registration and Monitoring Teams rather than directly by PSS Assessors. A target launch date of summer 2027 was supported, subject to operational and technical readiness, with particular emphasis placed on clear communications and implementation support for practices. Finally, the Committee approved a revised stakeholder engagement approach, favouring targeted engagement over formal consultation or pilot schemes, while stressing the importance of broad representation across practice types, species and sectors, as well as ensuring that veterinary professionals understand the wider application of the Core Standards.
    a. High impact summary table:

Area	Headline Change
Overall Review	Only 20 standards (2%) assessed as high impact; majority are wording or structural changes.

Clinical Governance (All GP Streams)	Clinical governance moved into Core standards with stronger requirements for audits, benchmarking, quality improvement and evidence-based review.
Small Animal GP	Dental radiography equipment requirement moved from Hospital level to GP; routine dentistry prohibited in theatres.
Small Animal GP	New requirement for client pain-management information and discharge guidance where appropriate.
All GP accreditations:	Enhanced staff welfare requirements including dedicated staff rest and welfare areas separated from clinical space.
Farm GP	New expectations for client feedback systems, audit of feedback and action planning.
Farm & Equine GP	New emphasis on data mining, benchmarking and use of clinical records to support governance activities.
Equine GP	Requirement for trained assistance during general anaesthesia, with limited exceptions for field/emergency situations.
Veterinary Hospitals	Several former hospital standards moved down to GP level, reflecting greater alignment between accreditation levels.
Hospital Surgery	Stronger surgical infection monitoring, bacteriology and theatre facility requirements.

Proposed approach to the CMA Order in PSS

7. The RCVS has worked closely with the Competition and Markets Authority (CMA) to develop a monitoring approach for practices required to comply with the CMA's forthcoming Order. The proposed model is based on practice self-attestation of compliance, with targeted spot checks undertaken by an RCVS monitoring team where concerns are raised. Any instances of non-compliance would be reported to the CMA, which would retain responsibility for enforcement action. To support practices, compliance with the CMA Order will become a PSS Standard, and the PSS guidance will provide a single point of reference for the Order requirements. However, the detailed requirements of the Order will not be embedded directly within the standards themselves.
8. Practices confirmed as compliant with the CMA Order will not be directly assessed against those PSS standards that overlap with the Order requirements, resulting in a proportionate assessment experience. Alternative approaches, including using the PSS Scheme as the primary mechanism for monitoring compliance, were considered but discounted as they would

be more costly to administer, and potentially create fairness concerns between PSS and non-PSS practices.

Risks and mitigations

9. The Committee should be aware of the risks identified in the revision of the Standards:
    a. The review identified a number of implementation and compliance risks associated with the revised PSS Standards. The most significant is the increased compliance burden on both individuals and practices, driven by stronger expectations around competency, CPD, wellbeing, onboarding, governance, quality improvement, and evidence-based practice. Some practices, particularly at Core and General Practice levels, may find it challenging to meet the enhanced requirements at launch, increasing the risk of non-compliance. There is also a risk that consolidating standards into broader categories and raising baseline expectations could lead to unintended consequences, including higher rates of non-compliance. To mitigate these risks, the RCVS will provide comprehensive guidance, training, implementation support, targeted communications and ongoing stakeholder engagement to help practices understand and adapt to the new requirements.
10. Additional risks relate to the wider operating environment and implementation of the revised framework. The introduction of the new standards coincides with substantial sector-wide change, including the CMA market investigation and potential Veterinary Surgeons Act reform.. There are also operational risks associated with the digital development work required to support implementation and the potential for a lack of clarity during the transition period, as practices move to the new standards. These risks will be managed through ongoing monitoring of sector developments, close collaboration with digital teams, phased implementation planning, clear communications, and guidance for both practices and consumers on the transitional arrangements.
    a. Risk impact summary table:

Risk	Description	Potential Impact	Mitigation
1. Increased compliance burden on individuals	The revised Standards introduce stronger expectations around competency, CPD, professional development, wellbeing, onboarding, mental health support and evidence of individual participation.	Increased pressure on staff, particularly in practices experiencing workforce and capacity challenges.	Clear guidance, supporting resources, training and targeted communications to ensure requirements remain proportionate and administrative burden is minimised.
2. Increased compliance burden on practices	Enhanced requirements across Core and GP accreditations may make compliance more challenging at launch. Changes include	Higher levels of non-compliance during implementation, particularly at Core and	Comprehensive implementation support, guidance, training and communications to help practices identify gaps and achieve compliance.

	stronger expectations around governance, quality improvement, wellbeing, client engagement and evidence-based practice.	General Practice levels.	
3. Unintended consequences of the new framework and assessment model	Consolidation of standards into broader categories and changes to the assessment model may have unforeseen impacts.	Potential increase in non-compliance rates and reduced confidence in the accreditation framework.	Ongoing stakeholder engagement, guidance, communications and monitoring of implementation impacts.
4. Implementation during wider sector change	The revised standards are being introduced alongside significant sector reforms, including CMA changes and potential VSA reform.	Practices may struggle to manage multiple changes simultaneously and could choose to leave the voluntary scheme.	Monitor sector developments and review implementation timing and feasibility to align with the wider environment.
5. Digital delivery capacity	Implementation depends on changes to Stanley and supporting digital systems, which may be affected by competing priorities for the digital team, including CMA Ordcer implementation work. .	Delays to delivery and implementation timelines.	Close engagement with digital teams, prioritisation of key requirements and ongoing monitoring of delivery plans.
6. Transitional arrangements for practices	Different versions of the standards will operate during the transition period, as practices move to the revised standards at their next assessment.	Lack of clarity for practices and consumers about which standards apply and what accreditation status means.	Clear communications and guidance on transitional arrangements, with consideration of a dated accreditation logo to distinguish standards versions.

Matters for Councils consideration

11. Council are asked to consider and approve the revised standards framework to apply to veterinary practices who are members of the Practice Standards Scheme (PSS).
12. There is further work taking place to update the PSS rules and adapted awards. These will be presented to Council for consideration at the next Council meeting.

END

RCVS
Inspiring confidence in veterinary care

RCVS Core Standards

Practice Standards Scheme

High standards in veterinary practice are vital to protect animal health and welfare. The Royal College of Veterinary Surgeons (RCVS) sets and enforces high standards of conduct for individual veterinary surgeons and nurses in its Code of Professional Conduct (the Code) and supporting guidance. . The Practice Standards Scheme (The Scheme) is a voluntary accreditation scheme that builds on the principles and obligations of the Code and applies high standards to veterinary practices to promote animal health and welfare.

This document sets out the Core Standards which include legal requirements and other obligations which must be met in running a veterinary practice, together with the guidance as set out in the Code. Every practice in the Scheme must meet Core Standards for all species treated by the practice.

The College seeks to ensure compliance with those standards by conducting regular in-practice assessments. Routine assessments are carried out by experienced veterinary professionals. Practices benefit from the guidance provided by the assessors during assessments to assist them to comply and to promote best practice.

(Practices will also be spot checked between regular assessments if the College receives information that the practice may not be meeting the standards)

Assessments focus on assessing the practice against standards that focus on the safety and leadership of practices, the provision of clinical services and customer care. A report is prepared and submitted to the practice. If a practice meets the standards, then it will be accredited and will be entitled to display its accreditation on its communications, practice premises and website.

Practices in the Scheme are listed on the RCVS Find A Vet website, with accreditation status displayed alongside the details of the practice.

Scheme assessors also inspect practices registered on the Register of Veterinary Practice Premises (RVPP) for compliance with the Veterinary Medicines Regulations (VMRs) on behalf of the Veterinary Medicines Directorate (VMD), the regulator of veterinary medicines. This ensures that the Scheme and the RCVS have a complete picture of the standard of care provided by the practice. Reports are provided by the College to the VMD regarding the compliance of the practice with the provisions of the VMRs. The VMD are empowered under the legislation to take enforcement action when there is a breach of the VMRs.

For more information on the RVPP, visit our website. (Please note that this link will open in a new window.)

The Standards Framework

The framework sets out seventeen outcomes covering four key areas that, if met, will ensure that the practice meets high standards of animal health and welfare. The four key areas cover safety, leadership, consumer focus, and clinical services to ensure a practice is safe, well-managed, transparent, and consistently meeting the expected clinical standards.

The supplementary guidance provides detail on how the standards can be met and guidance on the assessment criteria.

The four framework areas and the outcomes to be met:

Safety The veterinary practice premises is safe for animals and people
Outcome 1 (medicines): The storing, prescribing and dispensing of medicines is carried out in accordance with legislative and regulatory requirements.
Outcome 2 (infection control and biosecurity): Measures are in place to prevent the transmission of infectious disease.
Outcome 3 (premises): Premises are suitable and well maintained for the purpose of treating animals.
Outcome 4 (health and safety): The practice is safe for people and animals.

Leadership The veterinary practice is well led
Outcome 5 (clinical governance): The practice has systems and processes in place to minimise errors and waste and ensure the clinical freedom of professionals.
Outcome 6 (practice team): The practice team performs competently and confidently and is supported to continuously improve by practice leaders.
Outcome 7 (environmental sustainability): Teams are committed to reducing the environmental impact of the practice.

Client experience The veterinary practice is clear and transparent about services and fees and treats client concerns seriously
Outcome 8 (client experience): Clients and prospective clients are well informed to enable them to make equipped decisions and able to raise concerns about the care and treatment that their animal receives at the practice.

Outcome 9 (patient records): Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards.
Outcome 10 (out of hours): Emergency first aid and pain relief are available to animals on a 24-hour basis.
Outcome 11 (patient care): Patient safety and welfare, and client understanding are prioritised at every stage of the patient journey, including both outpatient visits and inpatient care.

Clinical services The clinical services offered by the veterinary practice meet expected standards of good practice
Outcome 12 (anaesthesia): Anaesthetic procedures are performed with the highest regard for the safety of patients and the veterinary team.
Outcome 13 (dentistry): Dental services are consistently delivered to meet the needs of patients treated.
Outcome 14 (diagnostic imaging): Diagnostic imaging services are provided safely and effectively, ensuring quality while protecting the health and safety of patients and staff.
Outcome 15 (laboratory and clinical pathology): Laboratory result errors are minimised, reducing risks to patients, clients and teams.
Outcome 16 (pain management and welfare): Identified pain in animals is effectively managed and alleviated through appropriate treatment and care.
Outcome 17 (surgery): Surgical practice adheres to basic professional standards and essential sterility principles.

SAFETY: The veterinary practice premises is safe for animals and people

Outcome 1: The storing, prescribing and dispensing of medicines is carried out in accordance with legislative and regulatory requirements

1.1.1 The dispensary is operated in accordance with the Veterinary Medicines Regulations (VMR)

1.1.2 Controlled drugs are stored, recorded, prescribed, supplied and disposed of according to current legislation and the Code

1.1.3 Medicines are recorded in accordance with current legislation and the Code

1.1.4 Medicines are disposed of in accordance with the current legislation and the Code

1.1.5 Medicines are prescribed and supplied according to current legislation and the Code

1.1.6 When medicines are prescribed under the veterinary 'cascade', relevant requirements set out in legislation, the RCVS Code of Professional Conduct and its supporting guidance are met

1.1.7 Antibiotic, antifungal, antiparasitic and antiviral medication is prescribed and supplied in accordance with the legislation and the Code

OUTCOME 2: Measures are in place to prevent the transmission of infectious disease

2.1.1 The practice has disinfection and/or sterilisation facilities suitable for the work undertaken and use a recognised method of sterilisation

2.1.2 The practice has suitable facilities, and written processes and procedures for the isolation of infectious and zoonotic cases and all team members are aware

2.1.3 The practice has appropriate procedures, facilities, and equipment to minimise the risk of cross-infection in all areas, including within and between equipment and vehicles

2.1.4 The practice has a system in place to address biosecurity in all its aspects of work

OUTCOME 3: Premises are suitable and well maintained for the purpose of treating animals and for the services delivered

3.1.1 The premises are suitable for their intended purpose, in good decorative order and provided with adequate and appropriate washing and toilet staff facilities

3.1.2 The practice has the means of ensuring privacy when and where needed

3.1.3 Team members have designated areas for rest and preparing refreshments

3.1.4 The practice provides adequate handwashing facilities throughout the practice

3.1.5 The practice has systems in place to ensure that legal and regulatory requirements in relation to buildings are met

3.1.6 Vehicles used for practice business are suitable and adequate for their intended purpose and appropriately equipped and maintained

OUTCOME 4: The practice is safe for teams, patients, the public and animals

4.1.1 There are systems in place to ensure legal requirements relating to Health and Safety (H&S) in the workplace are met or exceeded

4.1.2. The Practice has adequate risk assessment processes in place and carries out risk assessments for all areas of activity where required, including having a suicide prevention plan in place

4.1.3. Safety in the workplace is regularly reviewed, assessments conducted and improvements made where required

4.1.4. Equipment is well maintained and suitable for its intended purpose

4.1.5. The practice prepares to respond for critical incidents that may happen in the future and ensures that staff are aware of the preparation and the location of response documentation

4.1.6. The practice complies with the relevant legislative and regulatory requirements and guidelines for their area on waste segregation, classification and disposal

LEADERSHIP: The veterinary practice is well led

OUTCOME 5: The practice has systems and processes in place to minimise errors and waste and ensure the clinical freedom of professionals

5.1.1 The Practice Leadership Team ensures that Clinical Governance and freedom is an integral part of their practice systems and processes

OUTCOME 6: The practice team performs competently and confidently and is supported to continuously improve by practice leaders

6.1.1 The practice complies with regulatory and legal requirements relating to the people working in the practice

6.1.2 The practice has appropriate and adequate induction processes for all team members

6.1.3 All team members have the necessary training and skills to perform their job duties effectively

6.1.4. The practice has systems in place to support the performance and professional development of team members

6.1.5 The practice takes a preventative and strategic approach to wellbeing, mental health and physical health, including taking steps to minimise workplace stressors and providing support

6.1.6 Leaders support the personal and professional development of their staff

OUTCOME 7: The practice takes steps to reduce its environmental impact

7.1.1 The practice demonstrates a culture of environmental responsibility and a commitment to reducing its environmental impact

CLIENT EXPERIENCE: The veterinary practice treats clients well, is clear and transparent about services and fees and treats client concerns seriously

OUTCOME 8: Clients and prospective clients are well informed to enable them to make informed decisions and able to raise concerns about the care and treatment that their animal receives at the practice

8.1.1 The practice has effective means of communicating with its clients

8.1.2 The practice has a clear and transparent complaints process and ensures clients are informed. The practice records and considers client complaints fairly and promptly

8.1.3 The practice has an effective and transparent system for referring patients

8.1.4 The practice has an effective means of communicating prices and fees with its clients (including providing timely estimates and a system of alerting the client when fees approach the agreed estimate)

8.1.5 The practice complies with the CMA Order where applicable

OUTCOME 9: Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards

9.1.1 The practice maintains an effective and efficient system for documenting, storing, and backing up up-to-date clinical records to ensure the continuity of patient care

9.1.2 Copies of any relevant clinical records, client records and similar documents including results of tests and imaging, are provided to the client promptly on request

9.1.3 Client information is kept confidentially, and the practice complies with legal obligations around record keeping

9.1.4 Veterinary professionals communicate with each other and share or transfer the care of a patient in compliance with the relevant Code of Conduct

9.1.5 Appropriately clear and detailed discharge instructions are routinely supplied to clients on discharge of all hospitalised patients

9.1.6 The practice obtains informed consent when required

OUTCOME 10: Emergency first aid and pain relief is available to animals on a 24-hour basis

10.1.1 The Practice takes steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours

10.1.2 The practice facilitates the provision of first aid and pain relief to species not normally covered

10.1.3 The practice makes provision to attend cases away from the practice premises on the occasions when in the veterinary surgeon's professional judgement, it is deemed necessary

10.1.4 The practice informs all clients of their out-of-hours (OOH) arrangements

10.1.5 The practice has an effective system in place for the handover of cases that is communicated to all staff and clients

10.1.6 The practice ensures that in acute emergencies immediate first aid and pain relief is not delayed

10..1.7 The practice has systems to ensure the safety of team members on duty at night and/or working alone

OUTCOME 11: Patient safety and welfare, and client understanding are prioritised at every stage of the patient journey, including both outpatient visits and inpatient care

11.1.1 The practice provides adequate facilities and staffing to support the care of patients

11.1.2 The practice has patient facilities that are clean, safe, secure, hygienic and of a suitable size

11.1.3 The practice has a transparent documented system for any inpatient care, including the provision of overnight care

11.1.4 Where patients are transported by the practice, there is a transparent documented process for secure and safe patient transfer. The practice ensures that clients provide informed consent to the transportation

11.1.5 The practice has a transparent system for discussing euthanasia options with clients and for managing the respectful handling and disposal of deceased animals

CLINICAL SERVICES: The clinical services offered by the veterinary practice meet expected standards of good practice.

OUTCOME 12: Anaesthetic procedures are performed with the highest regard for the safety of patients and the veterinary team

12.1.1 General anaesthesia, including incremental induction of anaesthesia (administration to effect) is carried out in accordance with legal and regulatory obligations

12.1.2 A second suitably trained person other than the surgeon is in attendance for the specific purpose of monitoring the patient, maintaining general anaesthesia and during recovery from general anaesthesia

12.1.3 Local and regional anaesthetic techniques are administered as needed and used appropriately

12.1.4 The practice has a system in place to address all aspects of biosecurity, including zoonotic risks where relevant to its work

12.1.5 A patient assessment is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic and is recorded

12.1.6 The practice carries out monitoring of gaseous anaesthetic pollutants in operating and recovery areas and maintains written records of this

12.1.7 A record is kept of every anaesthesia procedure performed

12.1.8 Suitable means of resuscitation are available quickly if required

12.1.9 Equipment is available and used to ensure the safety of anaesthesia and recovery

12.1.10 The client receives appropriate information prior to anaesthesia, including explaining the potential risks and complications of the procedure

OUTCOME 13: Dental services are consistently delivered to meet the needs of patients treated. (Not applicable to Farm animal)

13.1.1 The practice is equipped with a selection of appropriately sterilised and maintained instruments and equipment adequate for the level of dentistry performed, operated by staff trained for the purpose

13.1.2 Appropriate Personal Protective Equipment (PPE) is available and used during dental procedures, in line with a suitable risk assessment

13.1.3 Dental records are maintained. Charts are regularly used and retrievable

OUTCOME 14: Diagnostic imaging services are provided safely and effectively, ensuring diagnostic quality while protecting the health and safety of patients and staff

14.1.1 The practice has systems in place to provide radiography. For practices without radiography facilities, there must be a system in place to provide this service at an alternative location

14.1.2 The practice meets all current legal requirements relating to radiation safety within the practice, for all radiation modalities utilised (e.g. radiography, CT, scintigraphy, sealed radiation

sources)

14.1.3 Diagnostic quality radiographs are obtainable for the full range of species for the work undertaken by the practice

14.1.4 The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice

14.1.5 Relevant team members are trained in the safe use of ionising radiation and associated equipment. One or more Radiation Protection Supervisors (RPS) are appointed and trained in accordance with Radiation Protection Adviser (RPA) guidance

OUTCOME 15: Laboratory result errors are minimised, reducing risks to patients, clients and teams

Section A: All premises (no in-house lab)

15.1.1 Laboratory procedures (including all packaging, handling, sending of samples) are performed in a clean and tidy designated area used specifically for that purpose

15.1.2. The practice has adequate facilities for storage of specimens and reagents as appropriate

15.1.3. Where pathological samples are sent to external organisations, a suitable range of packaging and documentation must be available, and the samples are identifiable

15.1.4. Adequate post-mortem facilities are available or appropriate alternative arrangements are in place

15.1.5 The practice has a system in place to properly label and track all samples and specimens

15.1.6 The practice has protocols in place for handling samples and controlling spread and reporting to the appropriate authority where potential notifiable disease is suspected and staff are aware of and use the protocols

15.1.7 The practice has protocols in place for handling samples and controlling spread where potential zoonotic agent is suspected and staff are aware of and use the protocols

15.1.8 The practice has adequate available laboratory reference materials

Section B: In-house lab

15.1.9 The in-house laboratory is suitable for the testing work carried out with adequate facilities including a sink

15.1.10 Equipment is used, maintained and cleaned according to manufacturers' instructions and this is recorded

15.1.11. The practice has suitable arrangements to quality assure practice laboratory tests

OUTCOME 16: Identified pain in animals is effectively managed and alleviated through appropriate treatment and care

16.1.1 Pain is routinely assessed and appropriate treatment, including analgesia provided

16.1.2. Farm animal only - The practice promotes awareness of the Animal Welfare Act Section 9 by providing information to its farm clients

16.1.3 The practice utilises pre-emptive pain control

OUTCOME 17: Surgical practice consistently reflects adherence to basic professional standards and essential sterility principles

17.1.1 All surgeries are performed by MRCVS, RVN or student veterinary surgeons in accordance with legal and regulatory requirements

17.1.2. The practice has a designated area for the conduct of surgical procedures which is well lit, easily cleaned with impermeable surfaces

17.1.3. The practice provides a suitable, well-maintained range of sterile surgical instruments, consumables and suture materials for the work undertaken

17.1.4. Clinical team members wear dedicated, clean protective clothing for the clinical task being undertaken

END

RCVS Core Standards

Supporting guidance

This document provides supplementary guidance on what is required of practices to meet the outcomes under each quality area

Contents

The four framework areas and the outcomes to be met: 3

OUTCOME 1: The storing, prescribing and dispensing of medicines is carried out in accordance with legislative and regulatory requirements 4

OUTCOME 2: Measures are in place to prevent the transmission of infectious disease 17

OUTCOME 3: Premises are suitable and well maintained for the purpose of treating animals and for the services delivered 19

OUTCOME 4: The practice is safe for teams, patients, the public and animals 22

OUTCOME 5: The practice has systems and processes in place to minimise errors and waste and ensure the clinical freedom of professionals 27

OUTCOME 6: The practice team performs competently and confidently and is supported to continuously improve by practice leaders 28

OUTCOME 7: The practice takes steps to reduce its environmental impact 33

OUTCOME 8: Clients, and prospective clients, are well informed to enable them to make informed decisions and are able to raise concerns about the care and treatment that their animal receives at the practice 34

OUTCOME 9: Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards 37

OUTCOME 10: Emergency first aid and pain relief is available to animals on a 24-hour basis 40

OUTCOME 11: Patient safety and welfare, and client understanding are prioritised at every stage of the patient journey, including both outpatient visits and inpatient care 44

OUTCOME 12: Anaesthetic procedures are performed with the highest regard for the safety of patients and the veterinary team 47

OUTCOME 13: Dental services are consistently delivered to meet the needs of patients treated 50

OUTCOME 14: Diagnostic imaging services are provided safely and effectively, ensuring diagnostic quality while protecting the health and safety of patients and staff 51

OUTCOME 15: Laboratory result errors are minimised, reducing risks to patients, clients and teams 53

OUTCOME 16: Identified pain in animals is effectively managed and alleviated through appropriate treatment and care 57

OUTCOME 17: Surgical practice consistently reflects adherence to basic professional standards and essential sterility principles 58

Self-Certification of essential documents 59

Pre- assessment uploads 60

Glossary 61

The four framework areas and the outcomes to be met:

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the RCVS Core standards.

To meet the four outcomes, Practices must meet each of the standards under each outcome.

Safety The veterinary practice premises is safe for animals and people
Outcome 1 (medicines): The storing, prescribing and dispensing of medicines is carried out in accordance with legislative and regulatory requirements.
Outcome 2 (infection control and biosecurity): Measures are in place to prevent the transmission of infectious disease.
Outcome 3 (premises): Premises are suitable and well maintained for the purpose of treating animals.
Outcome 4 (health and safety): The practice is safe for people and animals.

Leadership The veterinary practice is well led
Outcome 5 (clinical governance): The practice has systems and processes in place to minimise errors and waste and ensure the clinical freedom of professionals.
Outcome 6 (practice team): The practice team performs competently and confidently and is supported to continuously improve by practice leaders.
Outcome 7 (environmental sustainability): Teams are committed to reducing the environmental impact of the practice.

Client experience The veterinary practice is clear and transparent about services and fees and treats client concerns seriously
Outcome 8 (client experience): Clients and prospective clients are well informed to enable them to make equipped decisions and able to raise concerns about the care and treatment that their animal receives at the practice.
Outcome 9 (patient records): Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards.
Outcome 10 (out of hours): Emergency first aid and pain relief are available to animals on a 24-hour basis.

Outcome 11 (patient care): Patient safety and welfare, and client understanding are prioritised at every stage of the patient journey, including both outpatient visits and inpatient care.

Clinical services The clinical services offered by the veterinary practice meet expected standards of good practice
Outcome 12 (anaesthesia): Anaesthetic procedures are performed with the highest regard for the safety of patients and the veterinary team.
Outcome 13 (dentistry): Dental services are consistently delivered to meet the needs of patients treated.
Outcome 14 (diagnostic imaging): Diagnostic imaging services are provided safely and effectively, ensuring quality while protecting the health and safety of patients and staff.
Outcome 15 (laboratory and clinical pathology): Laboratory result errors are minimised, reducing risks to patients, clients and teams.
Outcome 16 (pain management and welfare): Identified pain in animals is effectively managed and alleviated through appropriate treatment and care.
Outcome 17 (surgery): Surgical practice adheres to basic professional standards and essential sterility principles.

Safety The veterinary practice premises is safe for animals and people

OUTCOME 1: The storing, prescribing and dispensing of medicines is carried out in accordance with legislative and regulatory requirements

Self-Certification of essential documents

T28 ☐

Pre- assessment uploads

Controlled drug SOP ☐

Written prescription template ☐

Medicine temperature monitoring SOP ☐

Protocol for responsible use of antibiotics ☐

PSS assesses the medicines elements on behalf of the Veterinary Medicines Regulations (VMD) to ensure compliance against the Veterinary Medicines Regulations. Assessment will be carried out in accordance with the 'inspection criteria' set by the VMD and PSS assessment criteria. Inspection Criteria for Veterinary Practice Premises - GOV.UK, and RCVS Code of Professional Conduct: Code of Professional Conduct for Veterinary Surgeons | Royal College of Veterinary Surgeons

1.1.1 The dispensary is operated in accordance with the Veterinary Medicines Regulations (VMR)

Inspection Criteria for Veterinary Practice Premises - GOV.UK - See the following headings:

- Premises
- Storage of veterinary medicines
- Storage and supply of controlled drugs

Premises should be suitable for the storage and supply of veterinary medicines, and be either:

- a permanent building with a fixed address
- a mobile unit, if it is used for animal treatment by a vet and operated from a registered veterinary practice premises (VPP)

All medicinal products must be stored in a clean and tidy location in accordance with manufacturers' label requirements and appropriate records kept Medicines must not be available for self-service except those with a category of AVM-GSL and products marketed under the small animal exemption scheme (SAES).

A record of premises and other places (including vehicles) where medicines are stored or kept must be available.

An adequate supply of medicines and materials used in the treatment of patients must be readily available.

Environmental temperatures must be monitored and recorded in all areas where medicines are stored, including consulting rooms, preparation rooms, refrigerators, and vehicles. Records must demonstrate min/max temperatures or continuous monitoring.

A veterinary medicine must be used within the time specified on the label/Summary of Product Characteristics (SPC) once broached. It is an offence to supply or administer out of date medicines (of any classifications), including beyond the broach limit.

1.1.2 Controlled drugs are stored, recorded, prescribed, supplied and disposed of according to current legislation and the Code

Assessors will check:

a. That medicines are kept in a clean, tidy and well organised location. With appropriate and secure shelving, not accessible to the public, and locked away when not in use.
b. The medicines labels to ensure that they are kept in accordance with manufacturer's label/SPC for storage are followed.
c. The practice has self-certified (on Stanley) that they have completed relevant T28 documents as applicable.
d. A list is available of other places such as practice vehicles, additional premises and storage facilities. As well as any pickup points where medicines are stored and the arrangements in place to transport medicines to these locations.
e. That any peripatetic vets have their own RVPP and if the practice is receiving medicines deliveries for another practice that these are segregated and controlled appropriately.

To ensure adequate supply practices must:

a. Have a stock control system (e.g. diary, check sheet, automated)
b. Stock ordering process
c. Record of out-of-date medicines
d. Record of waste bin contents

To ensure effective temperature control practices must:

a. Have equipment to monitor temperature minimum and maximum (e.g. Min/max thermometers, dataloggers, remote monitoring devices)
b. Record and retain records of minimum and maximum temperatures available for all areas where medicines are stored, including vehicles/fridges/drug stores
c. Maintain records of actions taken when temperatures exceed/fall below SPC
d. Have a set frequency of recording to minimise recording errors, minimise fluctuations outside of SPC, to allow quick identification of stock affected by a fluctuation
e. Have a protocol for managing medicines temperatures in all areas where medicines are stored, available to team

To manage broach dates, practices should have:

a. A system for identifying all broached products (injectables, fluids, liquids)
b. A system for stock rotation and identification of out-of-date stock/products nearing their expiry date
c. Records of discarded medicines

Useful links

Details on veterinary medicines regulations - GOV.UK

Details on medicines classification categories - GOV.UK

The Veterinary Medicines Regulations 2013 - GOV.UK

VMD Schedule 3 - GOV.UK
Registering a practice - RCVS
Paragraph 3E of schedule 3 - GOV.UK
Registration and inspection of veterinary practice premises – GOV.UK (Other storage places/ premises)
Adequate supply: Item 15 - GOV.UK
Temperature monitoring - RCVS
Broach dates - GOV.UK
Out of date products - GOV.UK

Inspection Criteria for Veterinary Practice Premises - GOV.UK - See the following headings:

- Storage and supply of controlled drugs

Controlled drugs (CD) must be stored according to current legislation.

Controlled drugs must be recorded according to current legislation: Misuse of Drugs Act 1971 (and the Misuse of Drugs Regulations 2001, as amended

RCVS requires all Schedule 2 controlled drugs (including Quinalbarbitone) to be subject to safe custody and all Schedule 3 controlled drugs to be kept in at least a secure, lockable and immovable receptacle that can only be opened by a veterinary surgeon, or a person authorised by the veterinary surgeon. The practice must also ensure any Schedule 3 controlled drugs that are subject to safe custody are stored in this way, such as buprenorphine.

The practice must carry out a full audit and reconciliation of all Schedule 2 controlled drugs.

Witnessed destruction of controlled drugs in Northern Ireland must be witnessed by a Northern Ireland Department of Health Authorised Witness.

When transporting Schedule 2 and 3 controlled drugs, veterinary surgeons should ensure that Schedule 2 and 3 controlled drugs in practice vehicles are kept in a locked receptacle which is fixed within the vehicle.

If the vehicle cannot be modified in such a way, it may be reasonable to secure the receptacle to a structure in the vehicle, for example, using a metal cable tethered to an anchor point, such as the seat runners or seatbelt post, or bolting the lockable receptacle to the floor of the vehicle. In any case, the receptacle should be kept out of sight.

The secure container would ideally be fixed to the frame of the vehicle, but using a secure, lockable glove compartment or a secure container chained to the inside of the vehicle (e.g. passenger seat) would also be acceptable. Examples of secure containers include car safes, laptop safes and lockable cash tins.

When on duty, veterinary surgeons should avoid leaving the secure container unattended. However, where this is unavoidable, the vehicle and container should remain locked and the time unattended

kept to a minimum. When off duty, controlled drugs should be returned to the controlled drugs cabinet at the practice for storage overnight wherever practicable.

Where this is not practicable, controlled drugs may be stored in a locked vehicle, but they should be inside a locked receptacle secured to the structure of the vehicle and kept out of sight. This must be temperature monitored.

When prescribing a controlled drug to an animal, veterinary surgeons should in the first instance carry out a physical examination, in all but exceptional circumstances.

Assessors will be looking for:

a. Team training and awareness of CD management in the practice.
b. CD cabinets specification, location and authorised access.
c. Key security process.
d. Digital safes - system for updating code.
e. Team training and awareness of CD management in the practice.
f. CD registers.
g. SOP for controlled drug management in the practice, setting out who is authorised to access the CDs cabinet and for what purposes. The SOP should also cover ordering (requisition), receipt, supply, audit, waste and disposal of CDs.
h. Team training and awareness of CD management in the practice.
i. Identification and segregation of out-of-date stock awaiting disposal.
j. System for weekly audit including out of date stock.
k. System in place for returned controlled drugs and waste of CD.
l. Medical records to check that a physical examination has taken place.
m. If the premises is used by more than one practice, then they aren't using the same CDs or using the same cabinet for each practices CDs.

Useful links:

The Misuse of Drugs Regulations 2001 - GOV.UK
The Misuse of Drugs (Safe Custody) Regulations 1973- GOV.UK
The Misuse of Drugs (Safe Custody) Regulations 1973 Schedule two- GOV.UK
Controlled drugs: recording, using, storing and disposal- GOV.UK
Safe Management for Controlled Drugs VMD- GOV.UK
Controlled drugs in veterinary practice: A VMD inspector's top tips- GOV.UK
Veterinary medicines Item 4.53 and 4.54 - RCVS
Schedule 2 Controlled Drugs register- GOV.UK
Controlled drugs: recording, using, storing and disposal- GOV.UK
Disposal of Controlled Drugs- GOV.UK
T28: sorting and denaturing controlled drugs for disposal- GOV.UK
Witness destruction by an independent vet does not apply to Northern Ireland- GOV.UK
Controlled Drugs Guidance A to Z - RCVS
'Under care' guidance - RCVS

1.1.3 Medicines are recorded according to current legislation and the Code

Inspection Criteria for Veterinary Practice Premises - GOV.UK - See the following headings:

- Records
- Written prescriptions
- Audit

Accurate records of all prescription medicines (this includes POM-V, POM-VPS medicines and any medicines prescribed under the cascade) received and supplied (including administered) must be kept, to enable stock reconciliation and traceability (e.g. in the event of a product recall).

Medicines records must be kept for five years.

At least once a year a detailed audit must be carried out, recorded and that record made available for inspection.

Incoming and outgoing medicines must be reconciled with medicines held in stock and any discrepancies recorded. This record must be kept for at least five years.

A Wholesale Dealers Authorisation (WDA) is required to sell or supply medicines to anyone other than the end user (however in emergency situations a small amount can be supplied to another retailer to avoid unnecessary suffering).

Similarly, a practice may only procure medicines from someone who is authorised to supply them, such as a holder of a WDA.

Adverse events, including suspected adverse events (SAE), serious adverse events, adverse environmental events, human adverse events and lack of efficacy to a veterinary medicine must be reported promptly to the VMD and/or manufacturer.

Assessors will be looking for:

a. Purchase records
b. Record of medicines supplied including emergency supply to another practice or supply against a written prescription from another practice
c. Records of medicine disposal
d. Records of transfer of veterinary medicines to another premises, store or vehicle

WDA:

a. WDA document (if applicable)

Audit:

a. Records of stock take
b. Records of any discrepancies (i.e. any unaccounted-for stock) and investigation undertaken, corrective actions and stock adjustment
c. Records of discarded medicines
d. Reconciliation of stock

Records kept for five years should include:

a. Records of sales and invoices, including waste records, CD records and any prescriptions supplied against to aid with auditing purposes

SAE:

a. Team awareness (Vets and any SQPs) of how to report a SAE or lack of efficacy.
b. Examples of submitted SAE reports

Useful Links:

The Veterinary Medicines Regulations 2013 schedule three - GOV.UK
Record keeping requirements for veterinary medicines - RCVS
Apply for manufacturer or wholesaler of medicines licences- GOV.UK
Emergency wholesale supply between authorised retailers- GOV.UK
The Veterinary Medicines Regulations 2013 schedule three item fifteen- GOV.UK
Record keeping requirements for veterinary medicines- GOV.UK
Report a problem with an animal medicine or animal exposed to human medicine- GOV.UK
Veterinary medicines Adverse events - RCVS

1.1.4 Medicines are disposed of in accordance with the current legislation and the Code

Inspection Criteria for Veterinary Practice Premises - GOV.UK - See the following headings:

- Disposal procedures

Special handling and disposal measures should be in place where required (e.g. for medicines classed as hazardous pharmaceuticals, cytotoxic, cytostatic and some hormonal VMPs) and practices must use authorised waste disposal companies.

Witnessed destruction of controlled drugs by an independent vet is prohibited in Northern Ireland.

Useful links:

Hazardous waste Overview – GOV.UK
Safe and sustainable management of healthcare waste - NHS
Register your waste exemptions- GOV.UK
Witnessed destruction of controlled drugs by an independent vet is prohibited in Northern Ireland- GOV.UK
Controlled drugs: recording, using, storing and disposal- GOV.UK

1.1.5 Medicines are prescribed and supplied according to current legislation and the Code

Inspection Criteria for Veterinary Practice Premises - GOV.UK - See the following headings:

- Supply procedures
- Supply of POM-V, POM-VPS and NFA-VPS medicines
- In-feed Veterinary medicines and feeding stuff

- Wholesale Supply
- Advertising
- Other

When a vet prescribes any veterinary medicine but is not present when the medicine is handed over, they must:

a. Authorise each supply individually before it happens
b. Ensure the person handing over the medicine is competent to do so
c. Provide clear written instructions for use (including dosage, frequency, duration and any special precautions/withdrawal periods).

When an SQP supplies a POM-VPS or NFA-VPS, they must:

a. 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
b. Advise on its safe administration and on any warnings or contraindications on the label or package leaflet, each time the medicine is supplied
c. Supply the minimum pack size required for the treatment.

Note: Only applicable if an SQP is employed at the practice.

All containers and outer packs dispensed by the practice must be legibly and indelibly labelled with sufficient information.

PSS Labelling requirements for:
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
- Identification of the animal(s) to be treated
- Name of the veterinary surgeon who has prescribed the product. A veterinary surgeon's initials or a code may only be used where they can be traced back to an individual.
- 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 for supply under the Cascade, must include the following additional information:

- Identification (including species) of the animal or group of animals 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 (if applicable)

Split packs:

Where veterinary medicines are supplied in a container other than that specified in the MA (split from its original packaging), the vet must ensure that:

a. The veterinary medicinal products must be supplied in appropriate containers
b. Sufficient written information is supplied to enable the product to be used safely
c. Must be suitably labelled

Practices must make clients aware that they can request a written prescription that they can take away to buy medicines elsewhere.

[*This section on prescriptions will be amended when the CMA publish their Order]

The practice must provide the price of any relevant veterinary medicinal product stocked or sold to clients, or other legitimate enquirers making reasonable requests.

Prescription notice should include:
"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."

However, before doing so, the vet has to be satisfied that the person is competent to administer the product safely and store the medicine appropriately so as not to affect its safety, quality or efficacy.

When a veterinary surgeon prescribes a medicine by written prescription (in addition to the requirements for prescribing generally) they must:

a. Advise on its safe administration and, as necessary, on any warnings or contra-indications on the label or package leaflet, each time they prescribe the medicine

b. Only prescribe the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)

Assessors will be looking for:

a. Medical records
b. Process for repeat dispenses
c. Process for prescribing and dispensing

Team awareness of prescribing and dispensing process.

Vet not present:

a. Medical records
b. Process for repeat prescriptions
c. Process for prescribing and dispensing
d. Team awareness and training on dispensing process
e. Appropriate recording of the authorisation by the vet if given remotely

SQP:

a. Medical records
b. SQP training evidence
c. Dispensing process
d. That SQPs only supply medicines from a registered premises. Deliveries can be made following orders to the premises, but SQPs may not carry additional stock and supply from another location. They would be expected to hold delivery notes covering the stock held in the vehicle that they are delivering.

Packaging:

a. Original medicinal containers the practice dispenses
b. Labels produced by team for original packaging of medicines
c. Labels of medicines for POM-V's
d. Labels for Cascade medicines
e. Labels must not obscure any packaging information
f. Labels must be legible - the expectation is that they are digitally generated except in emergency and/or for some ambulatory practitioners
g. Team awareness and training on labelling requirements
h. Client instruction provided eg administering injections

Split packs:

a. Packaging includes sufficient information (expiry date, SPC, any warnings, storage conditions)
b. Containers are safe for the end user (e.g. child proof)
c. Containers are in line with SPC conditions to protect from adverse external conditions (eg amber plastic to protect from light/ appropriate materials for fridge storage/ robust against humidity/ crush proof)
d. Appropriate labelling

e. Systems in place for providing sufficient written information (e.g. printed or scanned datasheets, QR code, links on labels to SPC at each supply)
f. Team awareness of methods of provision of written information such as QR codes, and print version available as needed where digital means are provided

Price (*This section on price will be amended when the CMA publish their Order)

a. Clearly visible price lists on the premises and/or online price lists
b. Evidence of price queries being responded to adequately
c. Prescription notice displayed and conveyed by all possible means
d. Regular updates to clients regarding availability of written prescriptions
e. Sample of written prescriptions
f. Team awareness on written prescription process

Useful links:

Prescribing POM-Vs: joint guidance from the RCVS and VMD - RCVS
POM-V medicines - GOV.UK
Guidance retail of veterinary medicines – GOV.UK
Specific requirements for Suitably Qualified Persons – GOV.UK
Registered Qualified Persons (RQP)- GOV.UK
Requirements for all Registered Qualified Persons – GOV.UK
Suitably Qualified Persons (SQPs) Code of Practice - VMD
The Veterinary Medicines Regulations 2013 paragraph 12 split packs- GOV.UK
Consumer rights and freedom of choice - RCVS
The Veterinary Medicines (Amendment etc.) Regulations 2024 Contents of a written prescription - GOV.UK
Veterinary medicines – RCVS
Medicated Feeding stuffs prescriptions - GOV.UK

1.1.6 When medicines are prescribed under the veterinary ‘cascade’, relevant requirements set out in legislation, the RCVS Code of Professional Conduct and its supporting guidance are met

The requirements for prescribing POM-Vs must be met when prescribing medicines under the Cascade.

Inspection Criteria for Veterinary Practice Premises - GOV.UK - See the following headings:

- Supply of medicines under the cascade

Cascade medicines must be labelled with the information listed in VMR Sch. 3 paragraph 13

Medicines for supply under the Cascade, must include the following additional information:

- Identification (including species) of the animal or group of animals 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 (if applicable)

Consent for products supplied under the Cascade is required:

Species specific examples:

Farm animal – NSAIDs in sheep, goat/deer/alpaca products

Small animal – Exotics, repeat prescription items, products imported with an SIC, Veterinary Specials

Equine – commonly imported products such as vaccines and joint treatments, veterinary specials, human topical treatments, cytotoxic treatments

A Special Import Certificate (SIC) is required to import, possess or supply any medicine that is not authorised for veterinary use in the relevant UK territory.

Assessors will be looking for:

a. Appropriate quantity of stock of unauthorised medicines with a valid import certificate (where authorised products exist)
b. Unauthorised medicines without a valid import certificate are destroyed/disposed of appropriately
c. Appropriate quantity of stock of Veterinary Specials to be used for a clinical need, medicines must not be ordered to have in stock on a “just in case” basis
d. System to ensure provision of sufficient written information relevant to the species (e.g. Client information sheets, QR code)
e. Team awareness of methods of provision of written information such as QR codes, and print version available as needed where digital means are offered
f. Cascade labels examples to demonstrate compliance with VMR Sch.3 paragraph 13
g. Evidence of team awareness of the cascade requirements for labelling
h. System for collecting, recording and retrieving owner consent (this includes digital records and systems) is in place for products supplied under the Cascade
i. Sample of medical records are checked to ensure consent has been obtained to supply products under the Cascade

Cascade labels:

a. Cascade labels examples
b. Team awareness of requirements
c. Repeat prescription process

Consent for products under cascade:

a. System for collecting, recording and retrieving owner consent (this includes digital records and systems)
b. Sample of medical records

SIC:

a. Records of Unauthorised product owner consent

b. System for retention of SIC's
c. Process for re-ordering
d. Evidence that certificate parameters are adhered to e.g. SIC is location-specific, MRCVS-specific, patient-specific, the correct product (corresponding authorisation number) from the country listed on the import certificate within expiry date

Useful links:

The cascade: prescribing unauthorised medicines – GOV.UK
Product Information Database - VMD
Product Information Database – VMD search function
Prescribing cascade & veterinary specials FAQ - BEVA
The Veterinary Medicines Regulations 2013 schedule 3 (paragraph 13) - GOV.UK
Veterinary medicines (item 4.26) - RCVS
Import a medicine for veterinary use into the UK – GOV.UK

1.1.7 Antibiotic, antifungal, antiparasitic and antiviral medication is prescribed and supplied in accordance with the legislation and the Code

Antibiotic, antifungal, antiparasitic and antiviral medication are collectively referred to as antimicrobials in this guidance.

For antibiotics, antifungals, antiparasiticides and antivirals, a physical examination should be carried out at the time of prescribing unless there are exceptional circumstances.

Assessors will be looking for:

a. A policy and guidelines on responsible prescribing, supply and use of antimicrobials for common conditions
b. A sample of medical records – detailing clinical reason and justification
c. A sample of medical records with explicit justification for use of Highest Priority Critically Important (HP-CIA) without Culture and Sensitivity (C&S) results, including management of repeat prescriptions
d. Appropriate stock of HP-CIAs
e. Appropriate stock of antiparasitics
f. Practice health plans, herd health plans, equine health plans
g. Evidence of individual treatment approach avoiding blanket use of antimicrobials
h. Appropriate laboratory testing available and used appropriately e.g. C&S, ear cytology, urinalysis pre-treatment, Faecal egg counts
i. Guidelines (agreed at practice level) for antimicrobial use in common conditions encountered
j. Team awareness of all above outputs
k. Evidence of audit of antimicrobial use
l. Prohpylaxis/metaphylaxis procedure, including process to conduct a management review

Useful links:

Guidelines to help vets develop responsible antibiotic use policies - BSAVA PROTECT

Antimicrobial resistance - WHO

'Under care' guidance - RCVS

Antimicrobial stewardship (AMS) – RCVS Knowledge

Antimicrobial resistance (AMR) – GOV.UK

Anthelmintic toolkit for vets and practices - BEVA

Policy Statement Parasiticides - BCVA

Responsible use of antimicrobials - BVA

Managing Veterinary Medicines: Staying Legal and Promoting Safety – RCVS Knowledge

OUTCOME 2: Measures are in place to prevent the transmission of infectious disease

Self-certification of essential documents

Written Scheme of Examination Autoclave (s) (if applicable) ☐

2.1.1 The practice has disinfection and/or sterilisation facilities suitable for the work undertaken and use a recognised method of sterilisation

Assessors will be looking for:

a. Adequate facilities for disinfection and sterilisation
b. Adequate processes for sterilising any kits and instruments
c. Autoclave (vacuum or non-vacuum if applicable) in place

Useful links:

Autoclaves guidance - HSE

RCVS Knowledge

2.1.2 The practice has suitable facilities, written processes and procedures for the isolation of infectious and zoonotic cases and all team members are aware

Assessors will be looking for:

a. Process for dealing with infectious and zoonotic cases e.g. policy, risk assessment
b. Regular review to ensure staff are up to date with current trends and emerging threats, relevant to the work carried out, team and local risk
c. Question staff to explain how an infectious or zoonotic case is handled on and off practice premises
d. Adequate facilities relevant to caseload and services offered by practice

Useful links:

Safety requirements for autoclaves - HSE

Zoonoses - HSE

Zoonotic diseases (zoonoses): guidance, data and analysis – GOV.UK

Zoonoses Reports – GOV.UK

2.1.3 The practice has appropriate procedures, facilities, and equipment to minimise the risk of cross-infection in all areas, including within and between equipment and vehicles

Assessors will be looking for:

a. Written cleaning protocols covering all areas of the practice (including vehicles)
b. Cleaning and disinfection materials clearly identified and readily available for use in all areas of the practice
c. Procedures in place to minimise cross-infection between patients for all equipment used
d. Cleaning records must be kept, and these should be regularly audited
e. Appropriate PPE where needed
f. Clean and appropriate clothing is worn for the clinical task being undertaken
g. Adequate changes of clothing available and used when needed
h. Vehicles (if applicable) - There must be clear segregation of clean and contaminated items, protective clothing, and safe storage and transport of waste materials including sharps

Useful links:

Disinfectants approved for use in England, Scotland and Wales – GOV.UK

2.1.4 The practice has a system in place to address biosecurity in all its aspects of work

Assessors will be looking for:

a. Biosecurity protocol specific to the practice premises and workload
b. Staff training and awareness of the biosecurity protocol
c. Regular reviews of the protocol
d. Procedure for booking potentially contagious cases e.g. end of day
e. Process for managing and planning of procedures e.g. timing of dental procedures, minimising contamination

Useful links:

Infection control and biosecurity guidance – RCVS Knowledge

Disease prevention for livestock keepers – GOV.UK

OUTCOME 3: Premises are suitable and well maintained for the purpose of treating animals and for the services delivered

Self-Certification of essential documents

PAT testing ☐

Gas safety records ☐

Vehicle MOT/Tax/Insurance documents ☐

Risk Assessments ☐

HSE registrations e.g. Ionising radiation ☐

Insurance documents ☐

Waste management/crematoria contract ☐

Pre-acceptance audit ☐

Waste transfer notes ☐

Consignment notes ☐

Applicable Waste Carrier licences ☐

maintenance contracts for anaesthetic machines and X-ray machine ☐

Electrical Installation Condition Report ☐

Gas safety records ☐

Legionella prevention records ☐

Asbestos management records ☐

3.1.1 The premises are suitable for their intended purpose, in good decorative order and with adequate and appropriate washing and toilet facilities

Assessors will be looking for:

a. Buildings must be heated to fulfil minimum legal requirements
b. The premises should be free of offensive odours
c. There should be a suitable size and number of consult rooms proportionate to the caseload
d. The workspace must be adequate in size and proportionate to the current workload

e. Fixtures and fittings - flooring, windows and doors must meet or exceed legal requirements and must be safe and secure
f. Security e.g. door locks, must be functional and appropriate to practice location and work
g. Access and egress – safe, tidy, well-lit and adequate signage to guide users to the veterinary service
h. All areas are clean, well maintained and in good decorative order

Useful links:
Workplace health, safety and welfare regulations 1992 - HSE
Ventilation in the workplace - HSE
Temperature in the workplace - HSE

3.1.2. The practice has the means of ensuring privacy when and where needed

Assessors will be looking for:

a. Adequate private spaces for discussions with clients / owners, farmers and trainers and to allow confidential conversations.

Small animal practices must have the means of screening off the rooms (e.g. blinds) so that the area cannot be seen by the public or those in the waiting area. There must also be ensured by adequate soundproofing.

Equine inpatient practices must have an appropriate area out of sight of third parties for the safe euthanasia of horses.

Useful links:
Client confidentiality - RCVS
Workplace health, safety and welfare regulations 1992 - HSE
Slips and trips - HSE
Have the right workplace facilities - HSE
Welfare at work guidance for employers on welfare provisions - HSE

3.1.3 Team members have designated areas for rest and preparing refreshments

Assessors will be looking for:

a. Evidence of hygienic area for food/drinks preparation
b. Designated rest area away from the clinical areas
c. Ability to take breaks without work interruptions

Useful links:
Welfare at work guidance for employers on welfare provisions - HSE
Workplace health, safety and welfare regulations 1992 - HSE

3.1.4 The practice provides adequate handwashing facilities throughout the practice

Individuals should be able to wash their hands between each patient, to prevent transfer of infectious disease between patients, team members, laboratory samples.

Assessors will be looking for:

a. Sinks within or immediately adjacent to the area where they are required and able to be accessed without use of hand touch points e.g door handles.
b. Clear and signposted segregation of clean vs dirty sink functions.
c. The number of sinks to be proportionate to the workforce and workload.
d. Sinks the following areas:
    - Consulting rooms
    - Wards/in-patient facilities
    - Team welfare facilities – WC, food preparation
    - Laboratory
    - Isolation
    - In-patient facilities
e. Provision of handwashing facilities in other areas
f. A protocol in place for hand hygiene

Equine specific:

g. A hand-washing sink in or immediately adjacent horse examination areas

Farm animal specific:

h. Washing and disinfecting facilities in areas where animals are accommodated
i. A separate sink (from team welfare facilities) for hand washing must be available to clinical teams after farm visits
j. Facilities for disinfection of footwear, clothing and hand sanitisers for off-site examinations

Useful links:

How to handwash poster - WHO

Have the right workplace facilities - HSE

3.1.5 The practice has systems in place to ensure that legal and regulatory requirements in relation to buildings are met

Assessors will be looking for:

a. A designated person for the upkeep and maintenance of the building
b. Internal processes for regularly checking compliance with all building requirements

Useful links:

Electrical safety standards in the private and social rented sectors – GOV.UK

Electrical safety FAQs - HSE

Asbestos - HSE

Legionella and Legionnaires' disease - HSE

Gas safety for employers - HSE

3.1.6 Vehicles used for practice business are suitable and adequate for their intended purpose and appropriately equipped and maintained

Vehicles must:

a. Be road worthy and meet standards of legal compliance with appropriate insurance
b. Be a suitable size and capability to for practice demographic, workload and terrain
c. Be clean, tidy, well maintained and sufficiently equipped to enable basic procedures to be performed at the client's premises
d. Provide safe and tidy storage of all equipment
e. Allow for segregation of Contaminated/ waste materials (including sharps) and suitable sharps disposal in vehicle
f. Contain suitable disinfectants and cleaning materials
g. Contain a means of estimating the weight of species routinely treated
h. Store any firearms in accordance with legal requirements
i. Have appropriate PPE in the vehicle to protect team members and prevent cross-infection
j. Understanding of principles of a dynamic risk assessment providing ambulatory services e.g. for handling facilities, unhandled animals
k. Provide a secure container for record keeping, such as paperwork, labels, medicines SPC, consent forms, in paper or digital format
l. Provide adequate storage for medicines (including a locked receptacle which is fixed within the vehicle for any CDs transported), temperature monitoring, stock control e.g. broach dates/stock take, oxygen cylinders
m. Contains equipment for emergency planning and preparedness e.g. first aid kit, fire extinguishers, lone worker safety measures

Useful links:

Check your vehicle is safe to drive – GOV.UK

Firearms law and safety – GOV.UK

Using personal protective equipment (PPE) to control risks at work - HSE

Cars/practice vehicles – RCVS

Employers driving and riding safely for work - HSE

OUTCOME 4: The practice is safe for teams, patients, the public and animals

Pre- assessment uploads

Equipment service records – sample of 3 ☐

4.1.1 There are systems in place to ensure legal requirements relating to Health and Safety (H&S) in the workplace are met or exceeded

*All health and safety requirements in law and, regulation and guidance are the responsibility of the practice. The assessor will be looking for an indication of compliance.

Practices should follow up to date government guidance on fire safety (or on conducting fire risk assessments).

Assessors will be looking for:

a. A Health and Safety (H&S) Policy that has been made available to all staff, is understood by them, and is reviewed regularly. Any updates should be communicated to all team members
b. A current Health and Safety Law poster displayed, or the appropriate leaflet provided to employees
c. Clearly designated health and safety roles and responsibilities (e.g. first aider, fire marshal), appropriate to the size of the organisation and its level of risk
d. Evidence of employee consultation on health and safety matters, such as safety representatives, safety suggestion schemes, reporting of near misses, or raising concerns via an intranet or anonymous reporting system
e. Evidence that health and safety incidents, concerns, and updates are reported appropriately, and that staff are aware of the reporting process
f. Suitable and adequate workplace facilities for employees
g. Any other health and safety systems or procedures relevant to the specific premises, activities, and workforce
h. Clear and accessible staff access to risk assessment findings
i. Documented evidence that employee health and safety training has been completed
j. A process for reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
k. An up-to-date fire risk assessment
l. Appropriate fire safety equipment that is correctly installed and maintained, with accurate internal and external records, including a fire logbook and extinguisher maintenance records
m. Evidence of fire safety training for staff, including fire awareness, specific responsibilities (e.g. fire marshals), the use of fire extinguishers where appropriate, and fire evacuation procedures

Useful links:

Prepare a health and safety policy - HSE

Health and safety law poster - HSE

Consulting and involving your workers - HSE

RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - HSE

Provide information, training and supervision - HSE

Fire safety in the workplace – GOV.UK

Fire safety risk assessment: animal premises and stables – GOV.UK

4.1.2 The practice has adequate risk assessment processes in place and carries out risk assessments for all areas of activity where required, including having a suicide prevention plan in place

Risk assessments must be specific to the premises, the team and the work carried out.

Assessors will be looking for:

a. Risk assessments (recorded if 5 or more employees)
b. Suicide prevention plan
c. Team awareness and knowledge of risk assessments outcomes
d. Where further controls are identified as required, evidence of action(s) taken
e. Regularly reviewed and updated

How to risk assess:
Step 1. Identify the hazards
Step 2. Assess risks -Decide who might be harmed and how
Step 3. Control risks - Evaluate the risks and decide on precautions
Step 4. Record your findings and implement them
Step 5. Review your assessment and update if necessary

Where actions are identified for high-risk activities or areas, evidence these have been carried out

Examples of commonly encountered risk assessments in veterinary practice:

1. COSHH
2. Pregnancy breastfeeding (regarding drug handling etc)
3. Driving
4. Lone worker
5. Stress
6. Manual handling
7. Equipment

not an exhaustive list

Useful links:
Managing risks and risk assessment at work - HSE
Suicide awareness fundamentals – RCVS Academy

4.1.3 Safety in the workplace is regularly reviewed, assessments conducted and improvements made where required

Assessors will be looking for:

a. Evidence of risk assessment review
b. Accident reporting process and statistics
c. A first aid needs assessment
d. Complaints or feedback discussed and actioned
e. Staff Health and Safety Training is appropriate and suitable
f. H&S reports available and retrievable– both internal (H&S audit) and external (RPA)
g. Process of communication on all matters involving H&S and wellbeing

Useful links:

Planning for incidents and emergencies - HSE

Report accidents and illness - HSE

Organisational culture overview - HSE

4.1.4 Equipment is well maintained and suitable for its intended purpose

Users should be trained in the safe use and maintenance of equipment.

Servicing must be carried out to meet or exceed any H&S and/or manufacturers recommendations.

There should be systems in place to ensure that servicing and repair is carried out when required, and that damaged equipment is identified and removed from use.

Examples of commonly used veterinary equipment:

All species:

- Anaesthetic equipment
- Dental equipment
- Imaging equipment
- Surgical equipment
- Sterilisation and Autoclaves
- Ethylene Oxide
- Cold sterilisation
- Laboratory equipment
- Air conditioning units

Farm animal:

- Foot trimming equipment
- Cattle crush
- Fertility equipment
- Captive bolt
- Firearms
- Disbudding equipment

Equine:

- Stocks
- Equine hoist
- Diagnostic equipment
- Fertility equipment

*not exhaustive list

Assessors look for:

a. Up to date records of equipment, servicing history, maintenance and repairs used on premises and vehicles
b. staff training records and competencies for handling, maintaining the named equipment

Useful links:
Provision and Use of Work Equipment Regulations 1998 - HSE
Lifting Operations and Lifting Equipment Regulations - HSE
Written schemes of examination Pressure Systems Safety Regulations 2000 - HSE

4.1.5 The practice prepares to respond for critical incidents that may happen in the future and ensures that staff are aware of the preparation and the location of response documentation

Assessors will be looking for:

a. Emergency plan to ensure business continuity in cases of
    - Telecommunications outage
    - Power outage
    - Flooding
    - Fire
    - Need to turn off water, gas, electrics safely
    - Other premises and services-specific requirements
b. Team awareness of the plan and must be easily accessible (including in the absence of electrical power)
c. Plan regularly updated as required

Useful links:
Emergency procedures - HSE
Get flood risk information for planning in England - HSE

4.1.6 The practice complies with the relevant legislative and regulatory requirements and guidelines for their area on waste segregation, classification and disposal

Assessors will be looking for:

a. A process for how the team segregates, stores and disposes of all forms of waste. The team are trained and aware of process

b. Appropriate waste receptacles

The practice must have hygienic, safe and secure facilities for storage of all waste.

Useful links:

Hazardous waste – GOV.UK

Health technical memoranda – NHS England

Clinical and healthcare waste - SEPA

Hazardous waste - DAERA

Handling veterinary waste guidance posters - BVA

Leadership

The veterinary practice is well led

Recommended reading resources:

All resources (Leadership) – RCVS Knowledge

Leadership and coaching – RCVS Academy

OUTCOME 5: The practice has systems and processes in place to minimise errors and waste and ensure the clinical freedom of professionals

Pre- assessment uploads

Team meetings minutes to include Clinical Governance docs ☐

5.1.1 The Practice Leadership Team ensures that Clinical Governance is an integral part of their practice systems and processes

There must be documented clinical governance, which must demonstrate effective and up to date systems.

The methods and procedures implemented will vary based on the size of the practice and volume of work.

Assessors will be looking for:

a. Systems in place to demonstrate that cases are referred as appropriate – (x-ref to competency clause practice team)
b. Evidence that referred cases are subject to review at practice level
c. System for updating relevant team members on the use of all new equipment, procedures and new medicines used in the practice
d. Evidence of team-wide CPD provided e.g. lunch and learns, in-house training, online clinical group
e. Use of at least one of the following QI tools:

- Clinical guidelines
- Clinical audits (revised (protocols/policies changes as a result of audits)
- Process audit
- Benchmarking
- Significant event audit
- Checklists

f. Written evidence of at least one of the following:
   - Regular clinical meetings
   - Journal clubs
   - Online clinical group
   - Practice meetings

g. Evidence of CPD dissemination amongst relevant team members

Useful links:

Checklist for collection of new and repeat prescriptions – RCVS Knowledge

Significant event audits and root cause analysis – RCVS Knowledge

Contributory factors checklist – RCVS Knowledge

OUTCOME 6: The practice team performs competently and confidently and is supported to continuously improve by practice leaders

Pre- assessment uploads

Mental Health Policy ☐

List of all team members and their roles and responsibilities ☐

Practice confirmation statement of registered professionals CPD compliance ☐

6.1.1 The practice complies with regulatory and legal requirements relating to the people working in the practice

Assessors will be looking for:

a. Process to confirm that all veterinary surgeons and veterinary nurses are covered by professional indemnity insurance
b. Process to confirm all veterinary surgeons and veterinary nurses are registered with the RCVS
c. Recruitment and selection process
d. Hiring process
e. Equality, diversity and inclusion policy
f. Team awareness and understanding of the Equality Act 2010 and how it impacts their role in the practice

g. A policy that demonstrates a zero-tolerance approach to harassment and bullying in the workplace

Useful links:

Veterinary teams and leaders - RCVS

Find A Vet - RCVS

Employment contracts – GOV.UK

Social media, online networking, and public life – GOV.UK

Equality Act 2010: guidance – GOV.UK

Code of Professional Conduct for Veterinary Surgeons - RCVS

Equality, diversity and inclusion policy template - ACAS

Discrimination and bullying - ACAS

Working time and rest - ACAS

Creating a sexual harassment policy - ACAS

Culture and wellbeing courses - RCVS Academy

Positive action in the workplace – GOV.UK

Diversity and inclusion - RCVS

Note: Northern Ireland legislative requirements regarding equality and diversity are different to the rest of Britain. Examples are below:

The Fair Employment and Treatment (Northern Ireland) Order 1998 – GOV.UK

The Employment Equality (Age) Regulations (Northern Ireland) 2006 – GOV.UK

Disability Discrimination Act 1995 – GOV.UK

The Equality (Disability, etc.) (Northern Ireland) Order 2000 – GOV.UK

Equal Pay Act (Northern Ireland) 1970 – GOV.UK

Sex Discrimination (Northern Ireland) Order 1976 – GOV.UK

The Race Relations (Northern Ireland) Order 1997 – GOV.UK

6.1.2 The practice has appropriate and adequate induction processes for all team members

Assessors look for:

a. Evidence all staff are provided with a contract of employment
b. Team members being clear about their role responsibilities
c. Evidence that training required for specific roles within the practice is provided (in addition to professional qualifications)
d. Evidence that all team members are competent to undertake their role. (This applies to all clinical and non-clinical staff in the practice)
e. Evidence of an induction checklist and process which includes a competency matrix
f. Evidence that clinical protocols, guidelines and expectations are shared with new members of staff
g. Evidence that a health and safety induction is carried out with all staff

h. The practice must have clear requirements for the expected standard of behaviour, personal hygiene and appearance
i. New staff have access to the above outputs and have ongoing support as new starter
j. Mental health and wellbeing is embedded in induction training for new starters

Useful links:
What inductions are - ACAS

6.1.3 All team members have the necessary training and skills to perform their job duties effectively

The practice must maintain up-to-date records of each team member's training and demonstrated competencies related to their specific role.

Common examples where competency evidence is required:

- Dental equipment and maintenance
- Laboratory equipment and processes
- Anaesthesia monitoring
- Schedule 3 procedures
- Managing emergencies
- Animal handling
- CD management
- Complex surgeries or procedures
- Code of conduct awareness
- Fees estimates and invoicing
- Triaging and emergency phone responding
- Euthanasia
- Client communications
- Safety
    - Ethylene Oxide
    - Ionising radiation
    - Manual handling
    - First aid
    - Fire

Assessors will be looking for:

a. Competency matrices available for staff
b. Practice guidelines relevant to the workload and service
c. The practice must confirm that paraprofessionals maintain valid professional registration and possess the required training qualifications where applicable
d. Operational capacity and resources to fulfil services offered by practice

Useful links:

All courses – RCVS Academy

6.1.4 The practice has systems in place to support the performance and professional development of team members

Assessors will be looking for:

a. Evidence of team member support and mentoring – e.g. VetGDP, SVN training
b. Process for checking CPD compliance and any other qualification
c. Evidence of regular one to ones are taking place
d. Development and training plans
e. Where competences are not met, training plans are put into in place, training needs analysis are created and recorded

Useful links:

All courses – RCVS Academy

Continuing professional development (CPD) - RCVS

RCVS Knowledge

6.1.5 The practice takes a preventative and strategic approach to wellbeing, mental health and physical health, including taking steps to minimise workplace stressors and providing support

Assessors will be looking for some of the following examples

a. Mental health and physical health policy
b. Stress Risk assessment
c. Process for holiday allowances and carry over
d. Scheduled time for breaks
e. Adequate team for workload
f. Flexible working opportunities
g. Employee assistance programmes or other mental health support signposting such as Vetlife, Samaritans or similar support
h. Buddy/mentor system, including for new joiners and those on placements
i. Out of work activities
j. Mental health awareness/suicide awareness training for staff, including managers and leaders

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 Small
- Mental health first aiders on site *(check against module) also check for links*
- Use of a 'going home' type poster in staff areas, e.g. Vetlife Going Home Check List (PDF download)

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 links:
Suicide prevention in the veterinary workplace - Royal College of Veterinary Surgeons
Let's Talk Adjustments - Royal College of Veterinary Surgeons
Resources and CPD - Royal College of Veterinary Surgeons
All courses – RCVS Academy
Good workplaces health and wellbeing - BVA
Work-related stress and how to manage it - HSE
Looking after staff - Vetlife
Resources and CPD – RCVS MMI
The Working Time Regulations - HSE
BS 30480 Suicide and the Workplace - BSI
Working together to prevent suicide in the NHS workforce - NHS
Create a safety plan for when you're feeling suicidal – Samaritans

6.1.6 Leaders support the personal and professional development of their staff

There is effective leadership at all levels including senior management levels of the organisation. Leadership is accountable and responsible.

There is a culture of openness, honesty and learning.

Assessors will be looking for:

a. All leaders understand key service challenges, quality concerns, and sustainability needs, and take action to solve them

b. Evidence of just culture where the team learn from successes and mistakes and feel comfortable challenging and celebrating
c. Team members must ensure that business targets and incentives never compromise patient care and safety, public safety, or staff's professional decision
d. Team members must have clear channels to communicate feedback and concerns; with assurance they will be taken seriously without blame or repercussions

Useful links:
RCVS Leadership Library – Professionals
All courses – RCVS Academy

OUTCOME 7: The practice takes steps to reduce its environmental impact

7.1.1 The practice demonstrates a culture of environmental responsibility and a commitment to reducing its environmental impact

Assessors will be looking for:

a. Sustainability process or policy
b. Team understanding and awareness of the policy
c. Achievements being communicated to team and to clients
d. System in place for team members to suggest sustainability ideas and improvements

Useful links:
RCVS Leadership Library – Professionals
All courses – RCVS Academy

Client experience

The veterinary practice is clear and transparent about services and fees and treats client concerns seriously

Self-Certification of essential documents

GDPR policy ☐

Privacy policy ☐

Business T&C ☐

Data back-up process ☐

Help and services available ☐

OUTCOME 8: Clients, and prospective clients, are well informed to enable them to make informed decisions and are able to raise concerns about the care and treatment that their animal receives at the practice

Self-Certification of essential documents

Welcome information given to owners ☐

Terms & Conditions including overnight and Out of Hours policies ☐

8.1.1 The practice has an effective means of communicating with its clients

*Compliance with the requirements of the CMA Order where the practice has to comply.

Assessors will be looking for:

a. All public facing information is accurate, up to date and accessible e.g. website, social media pages, notice boards, standard correspondence
b. A process for the management of registrations of new clients must be in place and understood by the team
c. A process for the transfer of records must be in place and understood by the team
d. Evidence of ongoing and timely communication with existing clients including updates on any significant organisational changes and information about pricing
e. An effective and transparent system for referring patients in the best interests of animal welfare
f. Website and public areas of the practice must display information about the practice, including its location, facilities, current ownership, services provided, prices charged for common treatments, staff, qualifications and accreditations
g. All public facing team members must be identifiable to clients e.g. name badge, displayed on noticeboards and on the website
h. Up to date and accurate and appropriately detailed information on the care of in-patients and OOH
i. A complaints process that it is well publicised to clients in documentation and in the public areas of the practice and website including information about the VCMS
j. Process in place for learning from feedback making necessary improvements
k. Information on Find-A-Vet is accurate and up to date and includes information about ownership and the basic practice information in (f)

Useful links:

All courses – RCVS Academy

Referrals and second opinions - RCVS

Communication between professional colleagues - RCVS

Clinical and client records – RCVS

Social media, online networking, and public life - RCVS

Our vision for a thriving veterinary sector – GOV.UK

8.1.2 The practice has a clear and transparent complaints process and ensures clients are informed. The practice records and considers client complaints fairly and promptly

* Compliance with the CMA Order where applicable

Assessors will be looking for:

a. A clear and transparent complaints process that sets out clear timeframes for responses, an identified person to contact, a clear process of steps that will be taken in dealing with the complaint, and clear potential outcomes for the clients. Evidence that the complaints process is well communicated to clients in documentation, the website and in public areas of the practice. Records of complaints received and the responses including action taken. Analysis of themes of complaints and action taken

b. Evidence that complaints have been considered in accordance with the process and outcomes provided. Evidence that clients' concerns are seriously considered and action taken

c. Team awareness of the complaints process and how these are handled. Evidence of communicating this to clients

d. Where complaints are handled centrally, the records and outcomes and any action taken must be communicated to the practice and vice versa

e. Clear and transparent information provided about the VCMS and the services that they provide

Useful links:

Our vision for a thriving veterinary sector – GOV.UK

All courses – RCVS Academy

Concerns about veterinary care - RCVS

Communication and consent - RCVS

8.1.3 The practice has an effective and transparent system for referring patients

* Compliance with the CMA Order where applicable

Assessors will be looking for:

a. Policies and processes which ensure that staff are empowered to provide impartial advice to clients and are not prevented from acting within the Code and supporting guidance. This should be a feature of:
   - Patient referral policy and SOP
   - Team awareness and implementation of the policy and SOP

8.1.4 The practice has an effective means of communicating prices and fees with its clients (including providing timely estimates and a system of alerting clients when fees approach the agreed estimate)

*Compliance with the CMA Order where applicable

All invoices should be itemised showing the amounts relating to goods and services including individual relevant medicinal products and all services provided by the practice.

Fees for outside services and any charge for additional administration or other costs to the practice in arranging such services should also be shown as separate items

Assessors will be looking for:

a. Public information and transparency about fees and costs of services, including a publicly available price list for the most common services provided by the practice
b. The provision of clear and transparent cost estimates to clients – Farm animal – can be included in annually reviewed flock/herd health plans
c. A clear and well understood process for providing and updating cost estimates in a timely and transparent way to clients, including in writing. Evidence that the process is followed
d. Efficient and effective process for issuing timely itemised invoices to clients and evidence that this is done
e. Fees and receipts/invoices should be itemised
f. Clear and reasonable payment terms clearly communicated to clients
g. Clear policy and process for handling insurance claims efficiently and effectively and evidence that it is followed
h. Clear and transparent OOH consultation fees made available to the public
i. Clear information provided to clients in public areas, on the website and in documentation that they can request a written prescription to purchase medication elsewhere, along with the charges for a written prescription
j. Evidence that written prescriptions have been provided shortly after consultation with the client where requested
k. (If applicable) Evidence that itemised statements have been provided at least monthly and sent in a timely fashion
l. Evidence of team awareness of pricing model and process and team communication to clients

Useful links:

Our vision for a thriving veterinary sector – GOV.UK

All courses – RCVS Academy

Practice information, fees, and animal insurance - RCVS

Consumer rights and freedom of choice - RCVS

Fees - RCVS

8.1.5 The practice complies with the CMA Order where it is required to do so

The requirements of the CMA Order are set out (here)

The assessors will look for:

a. Compliance of practices with the CMA Order will be monitored by the RCVS monitoring team
b. Practice compliance with the CMA Order, is confirmed by the monitoring team, then the practice will be regarded as compliant with the entire Client Experience module

OUTCOME 9: Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards

Pre- assessment uploads

Information given to owners/T&Cs including overnight and OOH policies ☐

9.1.1 The practice maintains an effective and efficient system for documenting, storing, and backing up up-to-date clinical records to ensure the continuity of patient care

Complete records must contain the following information, where applicable to species:
Owner identification

- Name
- Address
- Contact telephone numbers.

Common fields for patient identification:

- Name
- Species
- Breed
- Colour
- Age
- Sex
- Microchip number, tattoo number, Passport number or tag number
- Weight – regularly updated
- Food producer status.
- Herd health status.

Clinical information:

- Dates of all examinations including tests and diagnostic imaging
- 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:
    - Referrals and laboratory reports
    - Consent forms and estimate

Assessors will be looking for:

a. Records must be maintained for each animal or group and easily retained and retrievable from the system
b. Disaster recovery plan for access to client records
c. Security systems and measures in place to include back up
d. Any alterations or corrections to clinical records, whether written or electronic, are clearly recorded in an audit trail
e. Records of Patient identification
f. Equine only:
    - Individual horse records must include details of the passport / UELN / microchip number
    - 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

Useful links:
Clinical and client records - RCVS

9.1.2 Copies of any relevant clinical records, client records and similar documents including results of tests and imaging, are provided to the client promptly on request

Assessors will be looking for:

a. Recent transferred patient records
b. Team awareness of the process

9.1.3 Client information is kept confidentially, and the practice complies with legal obligations around record keeping

Assessors will be looking for:

a. GDPR policy
b. Social media policy
c. Data privacy statement
d. Business Terms and Conditions
e. Team awareness and knowledge of all of the above

Useful links:

Data protection and your business – GOV.UK
Client confidentiality - RCVS
All courses – RCVS Academy
Consumer rights and freedom of choice - RCVS
Clinical and client records - RCVS
Small organisations guide to cyber security - NCSC

9.1.4 Veterinary professionals communicate with each other and share or transfer the care of a patient in compliance with the relevant Code of Conduct

Assessors will be looking for:

a. Referral records
b. Veterinary professional to veterinary professional communications when sharing cases – prompt sharing of notes and case handover
c. Process on managing mutual clients

9.1.5 Appropriately clear and detailed discharge instructions are routinely supplied to clients on discharge of all hospitalised patients

The expectation is that discharge instructions are made available in a suitably accessible format which can be repeatedly referred to if needed.

Assessors will be looking for:

a. Case examples of discharge process
b. Resources – team, time and space for discharge to take place
c. Records of instructions

Useful links:

Veterinary care - RCVS

9.1.6 The practice obtains informed consent when required

Assessors will be looking for:

a. Records of consent discussions and/or written consent with clients
b. Team awareness and understanding of informed consent
c. Evidence that veterinary surgeons and veterinary nurses have provided sufficient information, time and information to the clients for them to make an informed decision.
d. Evidence that owners are aware of their opportunity to withdraw consent for students being involved in the care and treatment of their pet
e. Written consent forms being used routinely for procedures (Where practicable - including digital formats)
f. Consent form to include:
    - Owner/agent details
    - Patient details
    - Practice details
    - Procedure(s)/Euthanasia
    - Estimated cost
    - Consent for use unauthorised medicines
    - Consent/withdrawal of consent for student involvement in procedures
g. A copy of the form is provided to the person signing the form unless the circumstances render this impractical

Farm animal: Consent forms can be included as part of herd/flock health plans

Useful links:
Communication and consent - RCVS

OUTCOME 10: Emergency first aid and pain relief is available to animals on a 24-hour basis

Self-Certification of essential documents

Written agreement with OOH provider (compliant with the CMA Order where applicable) ☐

10.1.1 The practice takes steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours

Assessors will be looking for:

a. Referral practices must include 24-hour availability in all their disciplines, or they should, by prior arrangement, direct referring veterinary surgeons to an alternative source of appropriate assistance

b. Limited-service providers should provide, or provide access to, 24-hour emergency cover that is proportionate to the service they offer
c. A point of contact for OOH provider at all times. In the case of referral there is a contact point for the recent clinical records (to avoid push back)
d. A written agreement must be entered into covering all disciplines, including a protocol for handover of cases
e. Evidence of appropriate training provided as part of processes set out in the contract
f. If practices do not outsource their OOH provision to a PSS accredited practice, a statement to that effect should be made clear and transparent to clients

Useful links:
24-hour emergency first aid and pain relief - RCVS
'Under care' guidance - RCVS

10.1.2 The practice facilitates the provision of first aid and pain relief to species not normally covered

Assessors will be looking for:

a. Clarity should be provided to the owner/ client in the services that are offered by the practice.
b. The practice must have a list of local providers that treat other species (exotics, wildlife, large animals etc)
c. Process for directing to a provider that can provide adequate care if needed

Useful links:
24-hour emergency first aid and pain relief - RCVS

10.1.3 The practice makes provision to attend cases away from the practice premises on the occasions when in the veterinary surgeon's professional judgement, it is deemed necessary

Assessors will be looking for:

a. Process for ambulatory, emergency and home visits which involve treating animals outside practice premises. The process needs to include guidance when veterinary help is sought by the emergency services
b. Risk assessment process and evidence that it is carried out
c. Team training and awareness on handling ambulatory visits
e. Ambulatory kit available
f. Clear fees communicated to clients and displayed in public places in the practice and on the website
g. Distance and timings transparency

Useful links:
24-hour emergency first aid and pain relief - RCVS - Paragraph 3.37

10.1.4 The practice informs all clients of their out-of-hours (OOH) arrangements

* Compliance with the CMA Order where applicable

The practice provides their clients with full details of their 24-hour emergency cover provision and ensure this information is publicly available via the practice website, public areas of the practice and in documentation. or by other public means.

It should be provided in writing at the outset of the professional relationship and regular reminders provided as appropriate.

They should use all possible means to provide information about their 24-hour emergency cover provision.

Assessors will be looking for:

a. Information is easily accessible and provided:
    - At registration and in documentation provided to clients
    - Throughout the practice in publicly accessible areas
    - On the website
b. Details if OOH is provided on site or elsewhere (if elsewhere, address and telephone number must be provided)
c. Clear and transparent details provided in documentation, on the website and in public areas of the practice of initial OOH consultation costs and ongoing prices for common services.
d. Clear communication to the client, including a reminder of this information when appropriate (e.g. when surgical procedures undertaken)
e. The practice must provide a point of contact for clients. It is acceptable for clients' initial contact to be with an automated or remote device/ service
f. Clients should be made aware if they are responsible for transferring their animal/inpatient to the OOH service

Useful links:

24-hour emergency first aid and pain relief - RCVS

10.1.5 The practice has an effective system in place for the handover of cases that is communicated to all staff and clients

Assessors will be looking for:

a. A written agreement, including a clear protocol for case handovers, must be in place when covering for another practice
b. A clear protocol for the transfer of information when providing out-of-hours (OOH) services, or outsourcing OOH services to another provider
c. The expectation is for case handover to be vet-to-vet

d. Clear and transparent information provided to the client in writing regarding the costs of treatment and any changes in costs
e. Sharing of clinical records including all diagnostic results (actual test results and images) should be provided
f. Outcomes and all relevant information to be provided back to the primary practice
g. Process for continuity of care of ill patients needing ongoing hospitalisation
h. Planning and resources in place to avoid multiple transfers of patients that require > 24hours in patient care
i. A process for dealing with procedural complications
j. Team awareness of all of the above

Useful links:
24-hour emergency first aid and pain relief - RCVS
Consumer rights and freedom of choice - RCVS - Paragraph 10.13
Veterinary care - RCVS – Paragraph 2.14

10.1.6 The practice ensures that in acute emergencies immediate first aid and pain relief is not delayed

Assessors will be looking for:

a. Protocol for acute emergencies and unforeseen eventualities and evidence that it is used
b. A range of treatment options are offered including euthanasia
c. Protocol for cases when owner absent including a protocol to update clients as soon as possible on the treatment provided and costs
d. Team awareness and implementation of the above

Useful links:
Consumer rights and freedom of choice - RCVS

10.1.7 The practice has systems to ensure the safety of team members on duty at night and/or working alone

There must be a system for ensuring the safety of team members working on or away from the practice outside of normal opening hours and/or when working alone.

Assessors will be looking for:

a. A appropriate protocol for dealing with night-time callers must be in place
b. Suitable means must be available to enable team members to call for immediate assistance when necessary
c. Lone working risk assessment process for risk assessments to be carried out and evidence that it is carried out

d. Team awareness and training on processes
e. Security measures (e.g. buddy system, lone working apps, secure building/property)
f. Emergency preparedness

Useful links:
24-hour emergency first aid and pain relief - RCVS
Lone working - HSE

OUTCOME 11: Patient safety and welfare, and client understanding are prioritised at every stage of the patient journey, including both outpatient visits and inpatient care

11.1.1 The practice provides adequate facilities and staffing to support the care of patients

Assessors will be looking for:

a. Evidence of human resources matching workload

Useful links:
Veterinary care - RCVS

11.1.2 The practice has patient facilities that are clean, safe, secure, hygienic and of a suitable size

They must allow for sufficient provision of all welfare needs of species treated.

Any farm animal housing should be compliant with the government Code of Practice for animal welfare.

Any stable facilities should be compliant with the government Code of Practice for the Welfare of Horses. These must be clean and cleanable.

Assessors will be looking for:
Small animal:

a. Suitable waiting room
b. Suitable consulting rooms with adequate level of equipment
c. Suitable vehicle/ patient transport/ adequate alternative arrangements
d. A suitable range of bedding, feed stuffs and clean fresh water must be available
e. There must be suitable provision for the storage and preparation of food
f. Feeding equipment must be disinfected between patients
g. Dirt trays, absorbent litter and adequate cage space are required for feline in-patients

h. 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 e.g. Double lead, fenced area
i. Kennel size and number should be proportionate to caseload and demographic
j. There must be adequate heating, lighting and ventilation in all patient areas
k. The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a means of delivering oxygen
l. System of patient and belongings identification when admitted preventing error or loss
m. Record of pre and post cleaning should be kept and updated throughout the day

Farm animal and equine (not applicable for ambulatory practices):

a. A suitable range of bedding, feed stuffs and forage is available. Clean fresh water is always available
b. The area used for unloading, loading and examination of animals must be able to be secured to prevent escape of the patient
c. There must be appropriate facilities in which animals being admitted can be safely restrained and examined, as well as for diagnostic procedures and surgery to be performed
d. Feeding and mucking-out (including cleaning) equipment must be maintained, cleaned and disinfected to an appropriate standard
e. Arrangements for the disposal of soiled bedding must be in place, especially if potentially infectious
f. Clear process for allocating team members responsible and accountable for patient activities
g. System of patient and belongings identification

Useful links:

Animal welfare – GOV.UK

Code of practice for the welfare of horses, ponies, donkeys and their hybrids – GOV.UK

Code of practice for the welfare of cats – GOV.UK

Code of practice for the welfare of dogs – GOV.UK

Code of Recommendations for the Welfare of Livestock – GOV.UK

Farm animals: looking after their welfare – GOV.UK

11.1.3 The practice has a transparent documented system for any inpatient care, including the provision of overnight care

Assessors will be looking for:

Small animal and equine:

a. Written policy for the overnight care of in-patients detailing who is responsible, frequency of checks etc. The policy must include that owners must be informed in writing of the level of overnight supervision during an overnight stay. If overnight care is not provided on site, any alternative arrangements must also be informed in writing

b. There must be a contact list of 24-hour transport companies for pets and/or horses
c. Hospital sheets or clinical records must identify the MRCVS overseeing the case on the day and identify the timing and identity of the person (s) administering medications. This can be electronic or digital
d. Owner must be informed of level of supervision and timing of checks on each in-patient admission
e. Responsible team members
f. Systems for inpatient care in daytime, specifying both inpatients and surgical cases (routine and emergency)
g. The practice needs to retain a copy of the informed consent provided by the patient for every occasion
h. Identify a member of staff who will be the customers point of contact (overnight)

Farm animal:

a. Written policy for the overnight care of in-patients detailing who is responsible, frequency of checks etc
b. The staff is aware of the policy and where it is held
c. Owners must be informed in writing of the level of overnight supervision during an overnight stay
d. Consent forms – where possible e.g. in health plan
e. The system is reviewed annually
f. All hospitalised animals (other than minor procedures admitted as day cases) must have in-patient sheets recording clinical parameters, with timed and initialled

Useful links:

Communication and consent - RCVS

11.1.4 Where patients are transported by the practice, there is a transparent documented process for secure and safe patient transfer. The practice ensures that clients provide informed consent to the transportation

Assessors will be looking for:

a. Transfer and transport protocol (to include internal e.g. branch to main site, to include to OOH or referral centres)
b. Team awareness of process
c. Evidence of client communication

11.1.5 The practice has a transparent system for discussing euthanasia options with clients and for managing the respectful handling and disposal of deceased animals

Evidence that team members are aware of, and effectively communicate, the processes, pricing and facilities available. The policies should include:

- Small animal crematorium, ashes destination, client options and prices
- Farm animal options for disposal, key responsibilities for organising the disposal or the notification for the collection (list of numbers)
- Equine options for disposal

a. System in place to minimise process errors e.g. logbook, checklists, colour coding, other auditable records
b. Evidence that all options for disposal are communicated to clients for alternative crematoria or disposal options, including communal cremation
c. Evidence that prices for all cremation and disposal options offered by the practice are displayed in public areas of the practice, on the website and in documentation
d. Accurate and up to date record of cadavers in the PMS
e. Understanding and compliance with of legal provision for environmental concerns, eg burial on own land, watercourse contamination

Useful links:

Our vision for a thriving veterinary sector – GOV.UK

Euthanasia of animals - RCVS

Animal burials: prevent groundwater pollution – GOV.UK

Best Practice Protocol for Euthanasia of horses – FVE/FEEVA

Clinical services

The clinical services offered by the veterinary practice meet expected standards of good practice

Self-Certification of essential documents

Anaesthetic gas monitoring records ☐

OUTCOME 12: Anaesthetic procedures are performed with the highest regard for the safety of patients and the veterinary team

12.1.1 General anaesthetic including incremental induction of anaesthesia (aka administration to effect) is carried out in accordance with legal and regulatory obligations

Assessors will be looking for:

a. Anaesthetic records
b. Relevant team members to discuss clinical protocols and working practices

Useful links:

Delegation to veterinary nurses - RCVS

12.1.2 A second suitably trained person other than the surgeon is in attendance for the specific purpose of monitoring the patient, maintaining general anaesthesia and during recovery from general anaesthesia

Exceptions are acceptable such as in emergency or very short procedures e.g. cat castrate.

Assessors will be looking for:

a. Anaesthetic records
b. Training records

Useful links:

Delegation to veterinary nurses - RCVS

12.1.3 Local and regional anaesthetic techniques are administered as needed and used appropriately

Assessors will be looking for:

a. Farm records
b. Small animal- GA records and clinical notes
c. Equine – GA and standing surgery records

12.1.4 The practice has a system in place to address all aspects of biosecurity, including zoonotic risks where relevant to its work

Assessors will be looking for:

a. The equipment must be suitable for the work carried out
b. If used, anaesthetic machines must be checked before use on a daily basis, and records kept
c. Facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a range of endotracheal tubes available and used for the species usually treated
d. If gaseous anaesthesia is used, the practice must provide facilities for the scavenging of anaesthetic gases. Scavenging must comply with current health and safety laws
e. If gaseous anaesthesia is used, anaesthetic circuits suitable for the range of patients routinely treated must be provided

12.1.5 A patient assessment is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic and is recorded

Assessors will be looking for:

a. Patient records
b. Dynamic risk assessment of each procedure

c. ASA status

12.1.6 The practice carries out monitoring of gaseous anaesthetic pollutants in operating and recovery areas and maintains written records of this

Assessors will be looking for:

a. COSHH risk assessments
b. Evidence of personal exposure monitoring
c. There is adequate ventilation during patient recovery to limit human exposure to exhaled anaesthetic gases
d. SOP outlining how anaesthetic pollutants are reduced during anaesthetic procedures

12.1.7 A record must be kept of every anaesthesia procedure performed

Assessors will be looking for:

a. Medical records
b. Anaesthetic forms are routinely used

12.1.8 Suitable means of resuscitation are available quickly if required

Assessors will be looking for:

a. Emergency drugs chart or equivalent digital version per patient.
b. System for checking emergency resuscitation box (drugs in date and sufficient quantities)
c. Training in CPCR
d. For field anaesthesia:
    - Protocol for dealing with anaesthetic emergencies in the field
    - Stocked drugs for resuscitation (if applicable)

12.1.9 Equipment is available and used to ensure the safety of anaesthesia and recovery

Assessors will be looking for:

a. Equipment must be available for the maintenance of body temperature during anaesthesia and recovery (SA only)
b. Relevant monitoring devices appropriate to the caseload and the patient must be available and used throughout anaesthesia
c. Medical records evidencing the use of monitoring equipment anaesthesia
d. Intravenous cannulae available and routinely used where appropriate

12.1.10 The client receives appropriate information prior to anaesthesia, including explaining the potential risks and complications of the procedure

Assessors will be looking for:

a. Process for admissions/pre procedure discussion
b. Medical records
c. Consent forms

Useful links:

Communication and consent - RCVS

OUTCOME 13: Dental services are consistently delivered to meet the needs of patients treated

Dentistry *Not applicable to Farm animal *

13.1.1 The practice is equipped with a selection of appropriately sterilised and maintained instruments and equipment adequate for the level of dentistry performed, operated by staff trained for the purpose

For Small animal: This includes powered equipment appropriate for the range and size of species to be treated must be available to undertake routine oral surgical procedures in the species treated, including extraction.

Assessors will be looking for:

a. Protocols for maintenance of instruments
b. Evidence of training for use and maintenance of equipment
d. Equipment suitable for oral diagnostics
e. Records of routine oral surgical procedures, surgical extractions, routine oral hygiene
f. (Small animal only) Sterilisation should occur in between each patient

13.1.2 Appropriate Personal Protective Equipment (PPE) is available and used during dental procedures, in line with a suitable risk assessment

Consideration to be given to masks, gloves, eye protection, hard hats.

Assessors will be looking for:

a. PPE available and adequate for the level of dentistry routinely performed (based on risk assessment)

Useful links:

Using personal protective equipment (PPE) to control risks at work - HSE

13.1.3 Dental records are maintained. Charts are regularly used and retrievable

Assessors will be looking for:

a. Small animal: Medical records

OUTCOME 14: Diagnostic imaging services are provided safely and effectively, ensuring diagnostic quality while protecting the health and safety of patients and staff

Self-Certification of essential documents

HSE registration ☐

Registration for wet processing (if applicable/required) ☐

If the practice has an X-ray machine, practices must meet standards 14.1.2.1.2 to 14.1.5.1.17

14.1.1 The practice has systems in place to provide radiography. For practices without radiography facilities, there must be a system in place to provide this service at an alternative location

Assessors will be looking for:

a. System/ SOP in place for imaging referral

14.1.2. The practice meets all current legal requirements relating to radiation safety within the practice, for all radiation modalities utilised (e.g. radiography, CT, scintigraphy, sealed radiation sources)

Assessors will be looking for:

a. Radiation risk assessment
b. Evidence of registration and/or consent to the use of ionising radiations

Useful links:

Work with ionising radiation that requires registration - HSE

14.1.3 Diagnostic quality radiographs are obtainable for the full range of species for the work undertaken by the practice

All equipment related to obtaining images, and processing, must be maintained and serviced as per legal and manufacturers guidelines and in accordance with RPA advice.

Assessors will be looking for:

a. Evidence of diagnostic quality imaging by or on behalf of the practice for the range of species treated
b. The X-ray machine must be serviced according to manufacturer's requirements and there must be written evidence of a satisfactory service record
c. Where PPE is specified by risk assessment and/or RPA, it must be maintained so that it performs correctly
d. EQ: The practice must have a range of foot blocks and plate holding devices available

Useful links:
Working with ionising radiation - HSE

14.1.4 The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice

Assessors will be looking for:

a. The most recent RPA report should be available and will inform assessors as to radiation requirements for the practice
b. All requirements in the RPA report are to be met
c. Areas that may be assessed, based on RPA recommendations, include:
    - Controlled areas – delineation and lighting
    - Local Rules
    - Dosimetry
    - PPE
    - Exposure logs, film faults and collimation
    - A record of all X-ray exposures (x-ref medical record module)
    - Restraint: 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

Equine/remote radiography:

a. The practice has a written protocol in place for radiography away from the premises which has been approved by the RPA
b. Written information sheets for persons holding horses in controlled areas must be provided, plus arrangements for dosimetry as agreed with the RPA

Useful links:
RPA Certification Scheme
Working with ionising radiation. Ionising Radiations Regulations 2017 - HSE
Radiation Protection Advisers - HSE

14.1.5 Relevant team members are trained in the safe use of ionising radiation and associated equipment. One or more Radiation Protection Supervisors (RPS) are appointed and trained in accordance with Radiation Protection Adviser (RPA) guidance

Records must be kept.

Assessors will be looking for:

a. RPS appointment letter
b. RPS Certification Training records
c. RPS to be available on assessment day if possible
d. Team is aware of who RPS is and their duties

OUTCOME 15: Laboratory result errors are minimised, reducing risks to patients, clients and teams

Pre- assessment uploads

RPA Report ☐

***Section A –** Applicable to all practices with no In-house lab defined by a designated area where equipment is stored and used on site by trained staff to perform tests within the practice premises ***

*** **Section B –** Applicable to practices who have an in-house laboratory present on the premises. An in-house lab is defined by a designated area where equipment is stored and used on site by trained staff to perform tests within the practices premises). ***

SECTION A: ALL PREMISES (NO IN-HOUSE LAB)

15.1.1 Laboratory procedures (including all packaging, handling, sending of samples) are performed in a clean and tidy designated area used specifically for that purpose

Assessors will be looking for:

a. PPE is available and used
b. Team training on lab sample handling and packaging
c. A specific area clearly demarcated either spatially or temporally, for handling of pathological specimens to avoid contamination and potential spread of disease

Useful links:

Safe working and the prevention of infection in clinical laboratories and similar facilities - HSE

15.1.2 There must be adequate facilities for storage of specimens and reagents as appropriate

Assessors will be looking for:

a. Adequate fridge and freezer
b. Min and max Temperature records of the fridge and freezer (if appropriate)
c. Adequate segregation of samples in practice and when transported
d. Storage of reagents and samples in transit/between practices/ambulatory practice
e. Storage and safe use of reagents/stains e.g. Diff quik
f. Human food and drink not stored in fridges and freezers; other items like samples to be clearly identified and clearly segregated

Useful links:
Use and re-use of samples, images, post mortems and disposal - RCVS

15.1.3 Where pathological samples are sent to external organisations, a suitable range of packaging and documentation must be available, and the samples are identifiable

Assessors will be looking for:

a. Evidence that the practice identifies specimens with:
   - Patient ID
   - Date of collection
   - Tests required
   - Method of collection if applicable
   - Location of sample
   - Nature of sample
b. There must be an SOP for the post and packaging of pathological samples which complies with current packaging regulations
c. PPE is available and used and referenced in SOP

Farm animal:

a. Farm name and holding number

15.1.4 Adequate post-mortem facilities are available or appropriate alternative arrangements are in place

Assessors will be looking for:

a. A process/SOP to refer postmortems externally if postmortems are not carried out at the practice
   Team awareness of the process for post-mortem
b. Risk assessment for postmortems if performed in house
c. PPE is available and used and referenced in the protocol

Useful links:
Managing risks and risk assessment at work - HSE

15.1.5 The practice has a system in place to properly label and track all samples and specimens

Assessors will be looking for:

a. A log or system for tracking to ensure results are received and reviewed by a veterinary surgeon (or relevant team member as delegated to by the vet to the client and archived
b. A laboratory tests (internal and/or external) must be stored to permit easy retrieval. Data must be stored safely in an easily retrievable form
c. Samples sent to outside laboratories to ensure results are received and reviewed by a veterinary surgeon or relevant team member, conveyed to the client and archived
d. The practice can demonstrate how it accesses results in a timely manner, as per the urgency and specificity of the case
e. System for samples taken at other premises, late in day, bulk samples e.g. poultry, game birds, branch surgeries
f. Method for secure and safe postage and transport

15.1.6 The practice has protocols in place for handling samples and controlling spread and reporting to the appropriate authority where potential notifiable disease is suspected and staff are aware of and use the protocols

Assessors will be looking for:

a. Protocol for reporting of notifiable diseases when handling lab samples

Useful links:

Notifiable diseases and how to report them – GOV.UK

15.1.7 The practice has protocols in place for handling samples and controlling spread where potential zoonotic agent is suspected and staff are aware of and use the protocols Where potential zoonotic agent is suspected protocols for handling of samples and control of spread are followed

Assessors will be looking for:

a. Risk assessment for zoonoses when handling lab samples

Useful links:

Safety requirements for autoclaves - HSE

Zoonoses - HSE

Zoonotic diseases (zoonoses): guidance, data and analysis – GOV.UK

15.1.8 The practice has adequate available laboratory reference materials

Assessors will be looking for:

a. Reference materials applicable to the tests carried out

b. Designated resources e.g. Price lists that identify external laboratory tests available to the practice team

Useful links:

Consumer rights and freedom of choice - RCVS – Paragraph 10.16

SECTION B: IN-HOUSE LAB

15.1.9 The in-house laboratory is suitable for the testing work carried out with adequate facilities including a sink

Facilities should be proportionate to the workload, species and procedures carried out.

Assessors will be looking for:

a. The practice laboratory meets any statutory requirements
b. Adequate space for performance of tests
c. Adequate space for storage of reagents
d. Surfaces which permit efficient handling of specimens
e. Adequate space for equipment
f. Countertops and sinks of suitable construction
g. Adequate heating and lighting
h. Adequate electrical circuits and outlets
i. Adequate facilities for hand washing
j. Adequate labelling of equipment into kits

Useful links:

Safe working and the prevention of infection in clinical laboratories and similar facilities - HSE

15.1.10 Equipment is used, maintained and cleaned according to manufacturers' instructions and this is recorded

Assessors will be looking for:

a. Clear team member responsibility and accountability
b. There must be suitable arrangements for quality control of automated practice laboratory tests
c. The practice disposes of test kits and reagents in the correct manner
d. Reagents are stored according to manufacturers' instructions
e. Temperature monitoring records of the fridge and freezers if appropriate Equipment maintenance records

15.1.11 The practice has suitable arrangements to quality assure practice laboratory tests

- Quality Assurance (QA) refers to systems and procedures designed to reduce the risk of pre-analytical, analytical, and post-analytical errors in laboratory results that may lead to patient harm, misdiagnosis, or inappropriate clinical decision-making. Quality control (QC) is one aspect of QA that assists in minimising analytical errors.
- Quality Control (QC) is a system that monitors test methods and ensures that adequate performance is maintained. It is typically conducted before patient analysis to ensure that the patient results will be reliable. QC is performed periodically (e.g., daily, weekly, etc.) and additionally after instrument servicing, new reagent lots, or in response to unexpected patient results.
- QC is distinct from external quality assessment (EQA), which provides a retrospective review of analyzer performance compared to other practice laboratories. EQA reports are not available in a sufficiently timely manner to judge the reliability of current patient results.
- A QC plan outlines the materials for quality control, the frequency of checks, the basis of criteria for acceptance (pass) and rejection (fail), and the actions to take in the event of a QC failure. Acceptance limits must be stringent enough to meet clinical needs (e.g., less than recommended medically acceptable errors) to ensure that equipment deterioration is identified before it can impact patient decision-making.
- At an appropriate frequency, it would be logistically feasible to review all affected cases since the last passed QC" for potential medical errors.

The QC should be sufficiently frequent so that it would be logistically practical to review all cases for erroneous decisions or recall all affected patients since the last passed QC in the event of a failed QC

Assessors will be looking for:

a. Frequency of QC is appropriate and proportionate to the volume of lab tests
b. An evidenced based approach to QC details of all machines is included
c. The practice is able to identify any cases that may be affected by a failed QC

OUTCOME 16: Identified pain in animals is effectively managed and alleviated through appropriate treatment and care

16.1.1 Pain is routinely assessed and appropriate treatment, including analgesia provided

Assessors will be looking for:

a. Pain is re-assessed by trained members of staff regularly and treatment plans amended as necessary
b. Medical records

Useful links:

24-hour emergency first aid and pain relief - RCVS

16.1.2 Farm animal only - The practice promotes awareness of the Animal Welfare Act Section 9 by providing information to its farm clients

Assessors will be looking for:

a. Evidence that information has been provided to clients

Useful links:

Animal welfare - GOV.UK

16.1.3 The practice utilises pre-emptive pain control

Assessors will be looking for:

a. Protocol for pain management
b. Evidence of protocol review when necessary

Useful links:

Pain Management Protocols - WSAVA

Primary care clinical guidelines: Analgesia - BEVA

OUTCOME 17: Surgical practice consistently reflects adherence to basic professional standards and essential sterility principles

17.1.1 All surgeries are performed by MRCVS, RVN or student veterinary surgeons in accordance with legal and regulatory requirements

Assessors will be looking for:

a. Evidence in medical records

Useful links:

Delegation to veterinary nurses - RCVS

Treatment of animals by unqualified persons - RCVS

17.1.2 The practice has a designated area for the conduct of surgical procedures which is well lit, easily cleaned with impermeable surfaces

Assessors will be looking for:

a. The operating area must be designed and laid out to ensure sterility and facilitate cleaning

b. There must be an area that is appropriate for the procedures to be undertaken, bearing in mind patient and people safety. The induction area can also be the operating area providing surgical cleanliness/sterility is not compromised and is appropriate for the procedure undertaken
c. Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the operating area
d. Field surgery (Farm animal/Equine)
    a. Dynamic risk assessment to maximise sterility and people and patient safety and minimise all risk associated with
    b. Suitable environment
e. The area should not be accessible or visible by the public where practical

17.1.3 The practice provides a suitable, well-maintained range of sterile surgical instruments, consumables and suture materials for the work undertaken

Assessors will be looking for:

a. Sterile packs for surgery must be available at all times
b. There must be a practice policy on sterilisation of instruments
c. Use of appropriate indicators to monitor the efficacy of sterilisation

17.1.4 Clinical team members wear dedicated, clean protective clothing for the clinical task being undertaken

Assessors will be looking for:

a. Appropriate surgical attire policy
b. Team awareness of policy

Self-Certification of essential documents

1. T28 ☐
2. Written Scheme of Examination Autoclave (s) (if applicable) ☐
3. PAT testing ☐
4. Gas safety records ☐
5. Vehicle MOT/Tax/Insurance documents ☐
6. Risk Assessments ☐
7. HSE registrations e.g. Ionising radiation ☐
8. Insurance documents ☐
9. Waste management/crematoria contract ☐
10. Pre-acceptance audit ☐
11. Waste transfer notes ☐

12. Consignment notes ☐
13. Applicable Waste Carrier licences ☐
14. maintenance contracts for anaesthetic machines and X-ray machine ☐
15. Electrical Installation Condition Report ☐
16. Gas safety records ☐
17. Legionella prevention records ☐
18. Asbestos management records ☐
19. GDPR policy ☐
20. Privacy policy ☐
21. Business T&C ☐
22. Data back-up process ☐
23. Help and services available ☐
24. Welcome information given to owners ☐
25. Terms & Conditions including overnight and Out of Hours policies ☐

    Written agreement with OOH provider (compliant with the CMA Order where applicable) ☐
26. Anaesthetic gas monitoring records ☐
27. HSE registration ☐
28. Registration for wet processing (if applicable/required) ☐

Pre- assessment uploads

1. Controlled drug SOP ☐
2. Written prescription templates ☐
1. Medicine temperature monitoring SOP ☐
2. Protocol for responsible use of antibiotics ☐
3. Equipment service records – sample of 3 ☐
4. Team meetings minutes to include clinical Governance documents ☐
5. Mental Health Policy ☐
6. List of all team members and their roles and responsibilities ☐
7. Information given to owners/T&Cs including overnight and OOH policies ☐
8. RPA Report ☐
9. Practice confirmation statement of registered professionals CPD compliance ☐
10. Suicide prevention plan ☐
11. CPD compliance ☐

Glossary

Term	Definition
Antimicrobials	Substances that inhibit or kill microorganisms, including bacteria, fungi, viruses, and parasites.
Autoclave	A device that sterilises instruments and equipment using high-pressure steam to kill microorganisms.
AVM-GSL	Authorised Veterinary Medicine – General Sales List
Biosecurity	Measures to prevent the introduction and spread of infectious diseases within the practice and between animals, people, and the environment.
Broach date	The date a medicine container is first opened, after which it must be used or discarded according to its stated in-use shelf life.
CD	Controlled Drugs
Clinical Governance	A framework for maintaining and improving the quality and safety of clinical care.
Collimation/ collimated beam	X-ray collimation is the process of restricting the X-ray beam to the area of clinical interest to improve image quality and reduce patient radiation exposure.
Competency Matrix	A structured tool that outlines the skills and competencies required for each role and records which team members have been trained and are competent to perform them.
COSHH (Control of Substances Hazardous to Health)	Regulation requiring employers to control risks from hazardous substances to protect staff health and safety.
CPCR	Emergency procedure used to restore heart, breathing, and brain function in animals during cardiac or respiratory arrest.
Dispensary	The area in a veterinary practice where medicines are stored, prepared, and supplied.
Dosimetry	The measurement, calculation and assessment of the ionising radiation dose.
EMS	Extra Mural studies

EQA	External Quality Assessment
GDPR	UK data protection law that governs how personal information is collected, used, stored and shared.
Hospitalised patient	A patient that is admitted for a test, procedure, surgery or ongoing care, no matter the duration of stay.
HP CIA	Highest Priority Critically Important Antibiotics.
Just Culture	A workplace approach that balances accountability with learning by addressing mistakes fairly and without blame.
MRCVS	Member of the Royal College of Veterinary Surgeons.
NFA-VPS	Non-Food Animal – Veterinary Surgeon, Pharmacist, SQP.
Notifiable Disease	A disease that must be reported by law to the Animal and Plant Health Agency (APHA) as soon as it is suspected or confirmed.
Pathological Samples	Biological specimens such as tissues, fluids, or swabs collected from an animal for diagnostic or investigative testing.
POMV	Prescription Only Medicine – Veterinary Surgeon
POMVPS	Prescription Only Medicine – Veterinary Surgeon, Pharmacist, Suitably Qualified Person (SQP).
PPE	Personal Protective Equipment
PSS	Practice Standards Scheme
QA	Quality Assurance
QC	Quality Control
RCVS	The Royal College of Veterinary Surgeons
RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations)	Legislation requiring employers to report workplace injuries, occupational diseases, and incidents to the HSE.
Risk Assessment	A process to identify hazards and decide how to control the risks.
RPA	Radiation Protection Adviser
RPS	Radiation Protection Supervisor
RVN	Registered Veterinary Nurse
SAE	Suspected Adverse Event

SIC	Special Import Certificate
SOPs	Standard Operating Procedure
SQP	Suitably Qualified Persons
Stanley	Online system to allow practices to manage the PSS assessment process.
SVN	Student Veterinary Nurse
VetGDP	Veterinary Graduate Development Programme a support initiative designed for new veterinary graduates.
VMD	The Veterinary Medicines Directorate
VMP	Veterinary Medicinal Product
VMR	The Veterinary Medicines Regulations
WDA	Wholesale Dealers Authorisation

END.

RCVS
Inspiring confidence in veterinary care

Standards for General Practice Small Animal

How to gain an RCVS General Practice Small Animal accreditation

The four framework areas and the outcomes to be met:

Safety The veterinary practice actively manages safety through structured systems and continuous improvement.
Outcome 1 (medicines): The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship.
Outcome 2 (infection control and biosecurity): Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission.
Outcome 3 (premises): Premises are suitable and well maintained for the purpose of treating animals and for the services delivered.
Outcome 4 (health and safety): A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public.

Leadership The veterinary practice demonstrates proactive leadership and a culture of improvement
Outcome 5 (clinical governance): Leaders implement structured governance systems to monitor performance, identify risks, and support continuous improvement in patient care and service delivery.
Outcome 6 (practice team): Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care.
Outcome 7 (environmental sustainability): The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management.

Consumer Focus The veterinary practice prioritises transparency, communication, and continuity of care
Outcome 8 (client experience): Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent.
Outcome 9 (patient records): Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards.

Outcome 10 (out of hours): Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care.
Outcome 11 (patient care): The practice actively supports client understanding and engagement throughout the patient journey, including follow-up communication, care planning, and support for ongoing patient welfare.

Clinical services Clinical services are delivered through consistent protocols, monitoring, and quality improvement
Outcome 12 (anaesthesia): Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness.
Outcome 13 (dentistry): Dental procedures are performed using appropriate equipment, analgesia, and diagnostic support to ensure safe and effective treatment of dental disease.
Outcome 14 (diagnostic imaging): Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices.
Outcome 15 (laboratory and clinical pathology): Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care.
Outcome 16 (pain management and welfare): Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients.
Outcome 17 (surgery): Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery.

SAFETY: The veterinary practice premises is safe for animals and people

OUTCOME 1: The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship

1.2.1 Practice team actively reviews dispensing and prescribing processes to help reduce errors

1.2.2 All labels must be mechanically or machine produced, handwritten labels are not acceptable

1.2.3 The practice has a protocol for antimicrobial use in common conditions encountered

1.2.4 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

1.2.5 The practice routinely provides written information to the client about side-effects or complications relating to unauthorised products whenever they are prescribed

1.2.6 The practice provides suitable training to clients if they are to administer injectable medicines themselves

OUTCOME 2: Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission

2.2.1. Practice team actively reviews and audits the cleaning records and processes

2.2.2 The practice should have a policy on the appropriate scheduling of examinations when dealing with known or potential contagious diseases

OUTCOME 3: Premises, equipment, and facilities are proactively maintained, reviewed, and improved to support safe and effective patient care

3.2.1 The area immediately surrounding the premises must be maintained in a clean and tidy state

3.2.2 Food preparation, storage and washing up facilities for team members must be separate from clinical areas. Team members' rest areas must be separate from active work areas

OUTCOME 4: A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public

No GP Health and safety standards – all practice team left have gone into practice team - leadership

LEADERSHIP: The veterinary practice demonstrates proactive leadership and a culture of improvement

OUTCOME 5: Leaders implement structured governance systems to monitor performance, identify risks, and support continuous improvement in patient care and service delivery

5.2.1 The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result

5.2.2 The practice must provide evidence that they develop, communicate and share protocols and guidelines for both clinical and non-clinical work and processes

5.2.3 Significant events are reviewed via a no-blame meeting, with a focus on learning and improvement and addressing emotional impact of the event on team members

5.2.4 Quality improvement 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

5.2.5 Information from significant event meetings is shared with the profession in order to enable learning

5.2.6 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

OUTCOME 6: Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care

6.2.1 The practice has a documented team member development policy that is communicated to the team

6.2.2 Line managers must have clear systems in place on how to deal with mental health issues in the workplace

6.2.3 The practice offers a phased return to team members who have been on long-term sick leave

OUTCOME 7: The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management

7.2.1 The practice has appointed a sustainability champion or created a sustainability team

7.2.2 The practice has a system in place to reduce waste caused by over prescribing and to encourage clients to return unused medications to the practice for appropriate safe disposal

7.2.3 The practice demonstrates that they employ techniques to minimise anaesthetic gas usage

7.2.4 The practice demonstrates that it monitors and acts upon its waste management and energy consumption usage

7.2.5 The practice provides resources on preventative healthcare

Consumer Focus: The veterinary practice prioritises transparency, communication, and continuity of care

OUTCOME 8: Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent

8.2.1 The practice ensures it has sufficient operational capacity and resources to meet the workload and address patient needs

8.2.2 Clients are aware of identity of team members responsible for the care of their animals and any changes in personnel day-to-day

8.2.3 The practice must have a means of encouraging feedback from clients and acting upon the results of feedback

8.2.4 The practice has an online presence which is updated with the latest information on opening times, services and team members

OUTCOME 9: Clinical records are comprehensive, contemporaneous, and structured to support high-quality patient care, continuity between clinicians, and confidentiality in accordance with professional standards

9.2.1 Written and signed consent forms are being used routinely for procedures, including diagnostics, medical treatments, surgery and euthanasia

9.2.2. Records must be maintained so that any clinical team member coming into the practice may, by reading the records, be able to proceed with the continuity of care of the patient

9.2.3 The practice uses a computerised practice management system

9.2.4 Written discharge instructions are routinely provided to clients on discharge of all hospitalised patients

OUTCOME 10: Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care

10.2.1 Practices can only outsource their OOH provision to practices that meet or exceed their own level or to an ESC

10.2.2 If OOH cover is provided by veterinary surgeons not normally working with that species then they must demonstrate that they are competent to do so

10.2.3 A suitably trained person is available to assist in the administration and monitoring of a general anaesthetic

OUTCOME 11: The practice actively supports client understanding and engagement throughout the patient journey, including follow-up communication, care planning, and support for ongoing patient welfare

11.2.1 The practice must have adequate patient facilities to: maintain body temperature, provide supplementary oxygen, control of intravenous fluids

11.2.2 All admitted animals must have in-patient records that document their ongoing care and monitoring, including basic husbandry parameters, with dated, timed, and initialled entries

11.2.3 Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay

11.2.4 At least one RVN is employed

CLINICAL SERVICES: Clinical services are delivered through consistent protocols, monitoring, and quality improvement

OUTCOME 12: Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness

12.2.1 Anaesthetic charts must be filled in for each patient (except in emergency or very short procedures e.g. cat castrate)

12.2.2 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)

OUTCOME 13: Dental procedures are performed using appropriate equipment, analgesia, and diagnostic support to ensure safe and effective treatment of dental disease

13.2.1 Dental records are maintained as part of the patient's medical record in the practice management system (PMS). These records must document the diagnosis and all therapies undertaken, and the use of dental charting is advised

13.2.2 A dedicated dental radiography machine must be available and the practice must demonstrate that effective dental radiography is conducted regularly

13.2.3 Routine dentistry is never performed in surgical theatres

13.2.4 Routine dentistry must never be performed in surgical theatres

OUTCOME 14: Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices

14.2.1 There must be X-ray facilities suitable for the range of species routinely treated provided on site

14.2.2. An ultrasound system capable of providing diagnostic quality images of the range of species treated is provided on site

14.2.3 The practice must be visited by a radiation protection adviser (RPA) or representative, at least every 4 years who possesses appropriate knowledge and experience relevant to veterinary practice

14.2.4 Original diagnostic images have a means of patient identification and must be recorded and retained for an appropriate period

OUTCOME 15: Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care

15.2.1 The practice must have an in-house laboratory

15.2.2 External Quality Assessment (EQA) must be routinely undertaken and the results documented and acted on where necessary

OUTCOME 16: Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients

16.2.1 Pain is routinely assessed using a recognized pain scoring system and appropriate analgesia is provided

16.2.2 Pain is reassessed and recorded regularly throughout surgical procedures, recovery and during follow up and treatment plans adjusted appropriately

16.2.3 Members of the clinical team have received additional specific training on recognising pain

16.2.4 Multi-modal pain relief is routinely used in the practice where appropriate

16.2.5 Where appropriate, clients are provided with information about recognising pain, the benefits of pain management, and potential adverse reactions

16.2.6 Patients with chronic conditions e.g. osteoarthritis, are reassessed regularly and treatment plans adjusted appropriately

16.2.7 The practice provides a holistic approach to pain relief

OUTCOME 17: Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery

17.2.1 The operating theatre must always be a dedicated space available for the conduct of sterile surgery

17.2.2 There must be a scrub sink for the use of surgical procedures, which should be separate from a sink used for non-sterile items

17.2.3 Preparation for theatre is using aseptic technique, ensuring patient skin prep and sterile draping, and that personnel perform surgical hand prep and use sterile gown, gloves, and required PPE; all to maintain a sterile field throughout

17.2.4 Demonstrate a standardised approach to sterilisation

17.2.5 Bacteriology is routinely performed prior to the administration of antibiotics in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections

17.2.6 Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the technique

END

General Practice Small Animal

Supporting Guidance

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the general practice small animal accreditation

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the general practice small animal accreditation.

To meet the four outcomes, Practices must meet each of the standards under each outcome.

Pre- assessment document check list

1. M&M / SEA minutes ☐
2. EQA / paired sampling results ☐
3. Inpatient monitoring sheets ☐
4. Pain management protocols ☐
5. Infection control protocols ☐

Safety The veterinary practice actively manages safety through structured systems and continuous improvement.
Outcome 1 (medicines): The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship.
Outcome 2 (infection control and biosecurity): Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission.
Outcome 3 (premises): Premises are suitable and well maintained for the purpose of treating animals and for the services delivered.
Outcome 4 (health and safety): A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public.

OUTCOME 1: The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship

1.2.1 Practice team actively reviews dispensing and prescribing processes to help reduce errors

Assessors will be checking:

a. Records of audits specific to the dispensing process
b. That team members are aware of dispensing process and audit outcomes and actions

Useful links:

Common medicines pitfalls FAQs - RCVS

1.2.2 All labels must be mechanically or machine produced, handwritten labels are not acceptable

Assessors will be looking for:

a. Machine printed labels

1.2.3 The practice has a protocol for antimicrobial use in common conditions encountered

Assessors will be looking for:

a. Antimicrobial policies
b. That these are accessible to all staff
c. That team members are trained and aware of the policies
d. That patient records reflect what the policy recommends

1.2.4 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

Assessors will be looking for:

a. Written policy on prescribing HP-CIAs
b. Team training of the HP-CIA policy
c. Evidence of explicit justification on the patient records

1.2.5 The practice routinely provides written information to the client about side-effects or complications relating to unauthorised products whenever they are prescribed

Assessors will be looking for:

a. Patients records reflect this information has been shared with the client
b. Medicines that are to be collected have the needed information attached

1.2.6 The practice provides suitable training to clients if they are to administer injectable medicines themselves

Assessors will be looking for:

a. Staff demonstrating recent cases where training was required
b. Patient record evidencing training provided

OUTCOME 2: Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission

2.2.1. Practice team actively reviews and audits the cleaning records and processes

Assessors will be looking for:

a. Up to date cleaning records
b. Audits of recent cleaning records and what actions were taken as a result

Useful links:
RCVS Knowledge

2.2.2 The practice should have a policy on the appropriate scheduling of examinations when dealing with known or potential contagious diseases

Assessors will be looking for:

a. A policy setting out process when dealing with contagious diseases
b. Staff training and awareness of this policy
c. Recent examples of when policy had to be implemented

OUTCOME 3: Premises, equipment, and facilities are proactively maintained, reviewed, and improved to support safe and effective patient care

3.2.1 The area immediately surrounding the premises must be maintained in a clean and tidy state

Assessors will be looking for:

a. Thate the area surrounding the premises are free of litter
b. The vegetation is controlled
c. That safe access remains during extreme weather conditions

3.2.2 Food preparation, storage and washing up facilities for team members must be separate from clinical areas. Team members' rest areas must be separate from active work areas

Assessors will be looking for:

a. A separate staff area

3.2.3 The practice must have the ability to examine a patient in a darkened area

Assessors will be looking for:

a. Darkened area available

OUTCOME 4: A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public

No GP Health and safety standards – all practice team left have gone into practice team - leadership

Leadership The veterinary practice demonstrates proactive leadership and a culture of improvement
Outcome 5 (clinical governance): Leaders implement structured governance systems to monitor performance, identify risks, and support continuous improvement in patient care and service delivery.
Outcome 6 (practice team): Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care.
Outcome 7 (environmental sustainability): The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management.

Useful links:
RCVS Knowledge

OUTCOME 5: Leaders implement structured governance systems to monitor performance, identify risks, and support continuous improvement in patient care and service delivery

Pre- assessment uploads
M&M / SEA minutes

5.2.1 The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result

Assessors will be looking for:

a. Clinical meetings held at least quarterly
b. Evidence of changes made as a result of analysis

c. Written records of continuous improvement

Useful links:
Quality improvement – RCVS Knowledge

5.2.2 The practice must provide evidence that they develop, communicate and share protocols and guidelines for both clinical and non-clinical work and processes

Assessors will be looking for:

a. Relevant practice protocols, both clinical and non-clinical
b. Team awareness of these and how they are shared and communicated

5.2.3 Significant events are reviewed via a no-blame meeting, with a focus on learning and improvement and addressing emotional impact of the event on team members

Assessors will be looking for:

a. The meetings are recorded and any changes in procedure as a result are communicated to all team members.
b. Team members needing additional support in the aftermath of a significant event should be signposted to available resources

Useful links:
Quality improvement – RCVS Knowledge

5.2.4 Quality improvement 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 be looking for:

a. Training records (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)
b. Discussion with relevant team members on what they have learnt from CPD and what changes to practice have been made as a result.
c. Evidence of how CPD is shared with the wider team

5.2.5 Information from significant event meetings is shared with the profession in order to enable learning

Assessors will be looking for:

a. Examples of how these have been shared
b. Possible outlets are within a practice group, via RCVSK's online forum or VetsSafe

Useful links:

All resources QI – RCVS Knowledge

VetsSafe

5.2.6 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

Assessors will be looking for:

a. The record system / practice management system is able to search for specific prompt e.g. name of a procedure or clinical sign
b. Staff are able to use this system

OUTCOME 6: Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care

6.2.1 The practice has a documented team member development policy that is communicated to the team

Assessors will be looking for:

a. The development policy
b. Team awareness of the policy
c. That clinical and non-clinical team members can describe how they can access activities appropriate to them
d. Team member appraisals are performed

6.2.2 Line managers must have clear systems in place on how to deal with mental health issues in the workplace

Assessors will be looking for:

a. Any internal training / induction for new line managers explicitly addresses mental health in the workplace
b. All team members with line management responsibility should have undertaken some form of training on mental health awareness
c. Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage
d. Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios

e. Managers can describe where they would seek additional advice and guidance on issues around mental health

Useful links:
My mental health at work – Mind
Managing and supporting people with mental health problems in the workplace – GOV.UK
Mind Matters Initiative (MMI) - RCVS

6.2.3 The practice offers a phased return to team members who have been on long-term sick leave

Assessors will be looking for:

a. A system for all team members to be offered a phased return after long term sickness

Useful links:
Returning to work after absence (phased returns) - ACAS

OUTCOME 7: The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management

7.2.1 The practice has appointed a sustainability champion or created a sustainability team

Assessors will be looking for:

a. The nominated sustainability champion who is included in the sustainability policy

Useful links:
Green Team Vet - BVA

7.2.2 The practice has a system in place to reduce waste caused by over prescribing and to encourage clients to return unused medications to the practice for appropriate safe disposal

Assessors will be looking for:

a. Collection box for clients unused medicine or materials
b. Website info, posters, leaflets advising clients to return unused medicines
c. Practices to encourage clients to bring back unused medication during their appointments rather than making an additional trip

Useful links:
Animal Medicines Amnesty campaign – RCVS Knowledge

7.2.3 The practice demonstrates that they employ techniques to minimise anaesthetic gas usage

Assessors will be looking for:

a. Discussions with team members around anaesthetic techniques
b. Use of techniques such as the following
    a. The practice considers using local and regional anaesthetic where appropriate.
    b. The practice is optimising the flow rate.
    c. The practice is reducing Nitrous Oxide -Practices regularly review their GA plan.
    d. Increasing the use of Partial Intravenous Anaesthesia (PIVA) / Total Intravenous Anaesthesia (TIVA) where clinically appropriate

Useful links:
Championing sustainability in the veterinary professions – Vet Sustain

7.2.4 The practice demonstrates that it monitors and acts upon its waste management and energy consumption usage

Assessors will be looking for:

a. Evidence of a waste survey
b. Evidence of the practice reviewing its waste facilities
c. Domestic and recycling waste streams
d. The team using the waste survey results to take action on improving waste segregation and/or reducing waste

Useful links:
Greener Veterinary Practice Checklist — Vet Sustain

7.2.5 The practice provides resources on preventative healthcare

Assessors will be looking for:

a. Information on the website with resources on preventative healthcare such as offering puppy clinics, obesity clinics, diabetes clinics etc

Consumer Focus

The veterinary practice prioritises transparency, communication, and continuity of care

Outcome 8 (client experience): Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent.
Outcome 9 (patient records): Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards.
Outcome 10 (out of hours): Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care.
Outcome 8 (client experience): Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent.

OUTCOME 8: Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent

8.2.1 The practice ensures it has sufficient operational capacity and resources to meet the workload and address patient needs

Assessors will be looking for:

a. The practice carries out a regular audit of time taken to answer calls (e.g. evidence that telephone response times are regularly monitored, reviewed and used to improve client access and communication)
b. The phones are answered in a timely manner
c. Appointments are available

Useful links:
Client Engagement – RCVS Academy

8.2.2 Clients are aware of identity of team members responsible for the care of their animals and any changes in personnel day-to-day

Assessors will be looking for:

a. Practices will be expected to update websites and RCVS Find a Vet regularly
b. Name badges are worn

8.2.3 The practice must have a means of encouraging feedback from clients and acting upon the results of feedback

Assessors will be looking for:

a. A consistent and systematic approach to gathering feedback and evidence of analysis and actions taken. This can be done by feedback opportunity on the practice website, online surveys, QR codes etc
b. Evidence of feedback audits and actions plan from outcomes

8.2.4 The practice has an online presence which is updated with the latest information on opening times, services and team members

Assessors will be looking for:

a. Information on website, T&C's
b. Team members awareness of how information is kept up to date

OUTCOME 9: Clinical records are comprehensive, contemporaneous, and structured to support high-quality patient care, continuity between clinicians, and confidentiality in accordance with professional standards

9.2.1 Written and signed consent forms are being used routinely for procedures, including diagnostics, medical treatments, surgery and euthanasia

Assessors will be looking for:

a. Patient records
b. Evidence of consistent use of consent forms - signed digital forms are acceptable
c. Consent follows from discussions with the client.
d. If treatment changes during the course of investigation, telephone consent is allowed but should be recorded in the clinical records.

Useful links:
Clinical and client records - RCVS

9.2.2. Records must be maintained so that any clinical team member coming into the practice may, by reading the records, be able to proceed with the continuity of care of the patient

Assessors will be looking for:

a. Patient records

9.2.3 The practice uses a computerised practice management system

Assessors will be looking for:

a. The practice management system

9.2.4 Written discharge instructions are routinely provided to clients on discharge of all hospitalised patients

Assessors will be looking for:

a. Evidence of discharge instructions on the practice management system - These should include at least: - Details of medication - Instructions for feeding - Instructions for exercise - Information about repeat appointments - Details of out of hours arrangements

OUTCOME 10: Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care

10.2.1 Practices can only outsource their OOH provision to practices that meet or exceed their own level or to an ESC

Assessors will be looking for:

a. OOH provider is a member and accredited with PSS

10.2.2. If OOH cover is provided by veterinary surgeons not normally working with that species then they must demonstrate that they are competent to do so

Assessors will be looking for:

a. Evidence of training

10.2.3 A suitably trained person is available to assist in the administration and monitoring of a general anaesthetic

Assessors will be looking for:

a. Anaesthetic records
b. Discussion with trained team members around processes for monitoring

OUTCOME 11: The practice actively supports client understanding and engagement throughout the patient journey, including follow-up communication, care planning, and support for ongoing patient welfare

11.2.1 The practice must have adequate patient facilities to: maintain body temperature, provide supplementary oxygen, control of intravenous fluids

Assessors will be looking for:

a. Appropriate equipment is available, and ready to be used

11.2.2 All admitted animals must have in-patient records that document their ongoing care and monitoring, including basic husbandry parameters, with dated, timed, and initialled entries

Assessors will be looking for:

a. Inpatient records include the following as a minimum: temperature, pulse, respiration, treatments, food and water intake, urine and faeces output, clinical signs

11.2.3 Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay

Assessors will be looking for:

a. Consent forms include details of the level of overnight supervision provided at the premises, or of the alternative arrangements where overnight care is provided elsewhere

11.2.4 At least one RVN is employed

Assessors will be looking for:

a. Staff list and qualifications

Clinical services Clinical services are delivered through consistent protocols, monitoring, and quality improvement
Outcome 12 (anaesthesia): Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness.
Outcome 13 (dentistry): Dental procedures are performed using appropriate equipment, analgesia, and diagnostic support to ensure safe and effective treatment of dental disease.
Outcome 14 (diagnostic imaging): Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices.
Outcome 15 (laboratory and clinical pathology): Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care.
Outcome 16 (pain management and welfare): Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients.
Outcome 17 (surgery): Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery.

OUTCOME 12: Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness

12.2.1 Anaesthetic charts must be filled in for each patient (except in emergency or very short procedures e.g. cat castrate)

Assessors will be looking for:

a. This includes sedation.
b. These charts must form part of the clinical records
c. 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)

12.2.2 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)

Assessors will be looking for:

a. Patient charts
b. Discussion with team members
c. Team rotas

OUTCOME 13: Dental procedures are performed using appropriate equipment, analgesia, and diagnostic support to ensure safe and effective treatment of dental disease

13.2.1 Dental records are maintained as part of the patient's medical record in the practice management system (PMS). These records must document the diagnosis and all therapies undertaken, and the use of dental charting is advised

Assessors will be looking for:

a. The records must document the diagnosis and all therapies undertaken
b. Use of dental charting

13.2.2 A dedicated dental radiography machine must be available and the practice must demonstrate that effective dental radiography is conducted regularly

Assessors will be looking for:

a. Dental x-ray machine in controlled area

b. CT provision on site does not exclude the need for a dedicated dental radiography machine

13.2.3 Routine dentistry is never performed in surgical theatres

Assessors will be looking for:

a. Dentistry equipment and environment is not near operating theatre

OUTCOME 14: Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices

14.2.1 There must be X-ray facilities suitable for the range of species routinely treated provided on site

Assessors will be looking for:

a. X-ray equipment must be provided on site (this must not be shared with other premises)
b. A suitable range of cassettes and screens must be available. A good quality grid must be available for use with analogue X-ray systems.

14.2.2. An ultrasound system capable of providing diagnostic quality images of the range of species treated is provided on site

Assessors will be looking for:

a. Ultrasound equipment must be provided on site (this must not be shared with other premises)
b. Equipment is adequate
c. Ultrasound equipment must, as a minimum, be capable of carrying out diagnostics such as POCUS (point of care ultrasound) for common conditions

14.2.3 The practice must be visited by a radiation protection adviser (RPA) or representative, at least every 4 years who possesses appropriate knowledge and experience relevant to veterinary practice

Assessors will be looking for:

a. Evidence that an RPA (or representative) has visited and inspected the site, or submitted a written statement confirming the practice remains compliant with IRR17
b. All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA

14.2.4 Original diagnostic images have a means of patient identification and must be recorded and retained for an appropriate period

Assessors will be looking for:

a. Evidence of images (may be hard copy or in digital format)

b. Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice
c. 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.

OUTCOME 15: Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care

15.2.1 The practice must have an in-house laboratory

Assessors will be looking for:

a. Instrumentation for tests performed on the premises must include:
    a. Method of measuring PCV
    b. Binocular microscope (with a range of objective lenses and light source)
    c. Centrifuge
    d. Refractometer
    e. Glucometer or chemistry analyser capable of measuring blood glucose
    f. Cytology stains
    g. Method to measure TP
    h. Urine dip stick

15.2.2 External Quality Assessment (EQA) 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.

Assessors will be looking for:

a. Evidence of EQA results
b. Evidence that this is undertaken for tests carried out using Point of Care (POC) devices

OUTCOME 16: Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients

16.2.1 Pain is routinely assessed using a recognized pain scoring system and appropriate analgesia is provided

Assessors will be looking for:

a. Patient records
b. Team awareness of pain scoring

16.2.2 Pain is reassessed and recorded regularly throughout surgical procedures, recovery and during follow up and treatment plans adjusted appropriately

Assessors will be looking for:

a. Patient records

16.2.3 Members of the clinical team have received additional specific training on recognising pain

Assessors will be looking for:

a. Evidence of training

16.2.4 Multi-modal pain relief is routinely used in the practice where appropriate

Assessors will be looking for:

a. Patient records
b. Analgesic medicines stock
c. Pain relief guidelines

16.2.5 When appropriate, clients are provided with information about recognising pain, the benefits of pain management, and potential adverse reactions

Assessors will be looking for:

a. Evidence of client communications

16.2.1 Pain is routinely assessed using a recognized pain scoring system and appropriate analgesia is provided

16.2.2 Pain is reassessed and recorded regularly throughout surgical procedures, recovery and during follow up and treatment plans adjusted appropriately

16.2.6 Patients with chronic conditions e.g. osteoarthritis, are reassessed regularly and treatment plans adjusted appropriately

Assessors will be looking for:

a. Patient records
b. Pain relief guidelines

16.2.7 The practice provides a holistic approach to pain relief

Assessors will be looking for:

a. Patient records
b. Team members awareness of options for holistic approach

OUTCOME 17: Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery

17.2.1 The operating theatre must always be a dedicated space available for the conduct of sterile surgery

Assessors will be looking for:

a. It must not double up as a consulting room and be separate from the prep area containing only the equipment for use in surgical procedures
b. This should be a closed room with no through traffic
c. The area should usually only contain equipment for use in surgical procedures
d. There must be an adjustable-height operating table
e. Directable lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre
f. A means for displaying relevant diagnostic images must be available in the theatre
g. A separate area for the preparation of patients must be provided

17.2.2 There must be a scrub sink for the use of surgical procedures, which should be separate from a sink used for non-sterile items

Assessors will be looking for:

a. A dedicated scrub sink for surgical procedures, separate from sinks used for general or non-sterile use

17.2.3 Preparation for theatre is using aseptic technique, ensuring patient skin prep and sterile draping, and that personnel perform surgical hand prep and use sterile gown, gloves, and required PPE; all to maintain a sterile field throughout years by a team member and there is evidence of dissemination to the rest of the team

Assessors will be looking for:

a. PPE and equipment
b. Theatre set up
c. Team awareness of agreed practice approach to aseptic technique

d. Sterile packs must be available in sufficient quantity for the workload of the practice

17.2.4 Demonstrate a standardised approach to sterilisation

Assessors will be looking for:

a. Standardised approach
b. Written practice guidelines on when re-sterilisation will be required/what process to follow
c. Team awareness

17.2.5 Bacteriology is routinely performed prior to the administration of antibiotics in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections

Assessors will be looking for:

a. Evidence recording of surgical site infections
b. Patient records
c. Bacteriology results
d. Audit and actions on how to minimise

17.2.6 Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the technique

Assessors will be looking for:

a. Stock of internal and external sterility indicators
b. Prepared sterile packs for inspection

END

RCVS
Inspiring confidence in veterinary care

Standards for General Practice Farm Animal

The four framework areas and the outcomes to be met:

Safety The veterinary practice actively manages safety through structured systems and continuous improvement.
Outcome 1 (medicines): The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship.
Outcome 2 (infection control and biosecurity): Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission.
Outcome 3 (premises): Premises are suitable and well maintained for the purpose of treating animals and for the services delivered.
Outcome 4 (health and safety): A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public.

Leadership The veterinary practice demonstrates proactive leadership and a culture of improvement
Outcome 5 (clinical governance): Leaders implement structured governance systems to monitor performance, identify risks, and support continuous improvement in patient care and service delivery.
Outcome 6 (practice team): Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care.
Outcome 7 (environmental sustainability): The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management.

Consumer Focus The veterinary practice prioritises transparency, communication, and continuity of care
Outcome 8 (client experience): Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent.
Outcome 9 (patient records): Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards.
Outcome 10 (out of hours): Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care.

Outcome 11 (patient care): The practice actively supports client understanding and engagement throughout the patient journey, including follow-up communication, care planning, and support for ongoing patient welfare.

Clinical services Clinical services are delivered through consistent protocols, monitoring, and quality improvement
Outcome 12 (anaesthesia): Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness.
Outcome 13: No dentistry outcome for FA.
Outcome 14 (diagnostic imaging): Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices.
Outcome 15 (laboratory and clinical pathology): Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care.
Outcome 16 (pain management and welfare): Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients.
Outcome 17 (surgery): Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery.

SAFETY: The veterinary practice premises is safe for animals and people

OUTCOME 1: The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship

1.2.1 Practice team actively reviews dispensing and prescribing processes to help reduce errors

1.2.2 All labels must be mechanically or machine produced, handwritten labels are not acceptable

1.2.3 The practice has a protocol for antimicrobial use in common conditions encountered

1.2.4 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

1.2.5 The practice routinely provides written information to the client about side-effects or complications relating to unauthorised products whenever they are prescribed

1.2.6 The practice regularly reviews the medicines usage on the farms under their care

OUTCOME 2: Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission

2.2.1. Practice team actively reviews and audits the cleaning records and processes

2.2.2 The practice should have a policy on the appropriate scheduling of examinations when dealing with known or potential contagious diseases

2.2.3 If animals are admitted there must be facilities for adequate hygienic safe storage and disposal of bedding

2.2.4 The practice provides advice and education to its clients on antimicrobial resistance, anthelmintics, zoonoses, infection control and biosecurity

2.2.5 The practice has procedures in place to ensure team members are aware of new and increasing animal disease threats infectious diseases

2.2.6 The practice has a policy on the use of multi-injection guns and where clients are required to use these, correct instructions are given

OUTCOME 3: Premises, equipment, and facilities are proactively maintained, reviewed, and improved to support safe and effective patient care

3.2.1 The area immediately surrounding the premises must be maintained in a clean and tidy state

3.2.2 Food preparation, storage and washing up facilities for team members must be separate from clinical areas. Team members' rest areas must be separate from active work areas

OUTCOME 4: A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public

No GP Health and safety standards – all practice team left have gone into practice team - leadership

LEADERSHIP: The veterinary practice demonstrates proactive leadership and a culture of improvement

OUTCOME 5: Leaders proactively assess and define systems and processes to minimise errors and waste

5.2.1 The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result

5.2.2 The practice must provide evidence that they develop, communicate and share protocols and guidelines for both clinical and non-clinical work and processes

5.2.3 Significant events are reviewed via a 'just culture' meeting, with a focus on learning and improvement and addressing emotional impact of the event on team members

5.2.4 Quality improvement 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

5.2.5 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

OUTCOME 6: Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care

6.2.1 The practice has a documented team member development policy that is communicated to the team

6.2.2 Line managers must have clear systems in place on how to deal with mental health issues in the workplace

6.2.3 The practice offers a phased return to team members who have been on long-term sick leave

6.2.4 All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations

6.2.5 Team members should be effective at prioritisation of emergency cases

OUTCOME 7: The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management

7.2.1 The practice has appointed a sustainability champion or created a sustainability team

7.2.2 The practice has a system in place to reduce waste caused by over prescribing and to encourage clients to return unused medications to the practice for appropriate safe disposal

7.2.3 The practice demonstrates that it monitors and acts upon its waste management and energy consumption usage

7.2.4 The practice provides resources on preventative healthcare

7.2.5 Routine appointments to and for clients are planned to reduce mileage

Consumer Focus: The veterinary practice prioritises transparency, communication, and continuity of care

OUTCOME 8: Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent

8.2.1 The practice ensures it has sufficient operational capacity and resources to meet the workload and address patient needs

8.2.2 Clients are aware of the identity of clinicians primarily responsible for the care of their units

8.2.3 The practice must have a means of encouraging feedback from clients and acting upon the results of feedback

8.2.4 The practice has an online presence which is updated with the latest information on opening times, services and team members

8.2.5 The practice holds client meetings at least twice a year

8.2.6 The practice must produce regular newsletters

8.2.7 The practice must access and use animal health data from farms under their care

8.2.8 There is an appointment system for forward booking named veterinary surgeons

8.2.9 Regular (annual) audit of herd/flock sizes are undertaken

8.2.10 The practice provides regular training events for clients on key topics to enable farmers to develop their skills and knowledge in farm animal health and welfare

OUTCOME 9: Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards

9.2.1 Signed consent forms are required for surgery and euthanasia

9.2.2 Records must be maintained so that any clinical team member coming into the practice may, by reading the records, be able to proceed with the continuity of care of the patient

9.2.3 The practice uses a computerised practice management system

OUTCOME 10: Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care

10.2.1 Practices can only outsource their OOH provision to practices that meet or exceed their own level or to an ESC

10.2.2 If OOH cover is provided by veterinary surgeons not normally working with that species then they must demonstrate that they are competent to do so

OUTCOME 11: The practice actively supports client understanding and engagement throughout the patient journey, including follow-up communication, care planning, and support for ongoing patient welfare

11.2.1 The practice must have an appropriate area out of sight of the general public must be available for the safe euthanasia of animals

11.2.2 The practice must a system in place to deal with deceased patients

11.2.3 Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay

11.2.4 All clinical team members must be provided with written guidelines for managing clinical emergencies including unforeseen complications and conditions of the inpatient

CLINICAL SERVICES: Clinical services are delivered through consistent protocols, monitoring, and quality improvement

OUTCOME 12: Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness

12.2.1 A patient assessment and risk assessment is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic and is recorded

OUTCOME 13: No dentistry outcome for FA

No dentistry in FA

OUTCOME 14: Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices

14.2.1 An ultrasound system capable of providing diagnostic quality images per rectum images of the ovaries and uterus in reproductive work

OUTCOME 15: Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care

15.2.1 External Quality Assessment (EQA) must be routinely undertaken and the results documented and acted on where necessary

15.2.2 The practice has laboratory capability either in the field or on practice premises to provide appropriate laboratory services for the demographic

15.2.3 The practice actively engages with its clients to promote the importance of diagnostics and evidence-based medicine

OUTCOME 16: Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients

16.2.1 practice provides a livestock health plan written in conjunction with the farmer and reviewed at least annually

16.2.2 Members of the clinical team have received additional training on recognising pain

OUTCOME 17: Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery

17.2.1 If surgery is being performed indoors on the practice site, there is a written protocol for the maintenance of a surgically clean environment and evidence it is carried out

17.2.2 Surgical sites are prepared using appropriate. Where clippers are used, they are fitted with a suitable blade and are cleaned and maintained appropriately

17.2.3 Demonstrate a standardised approach to sterilisation

17.2.4 Demonstrate a standardised approach to sterilisation

17.2.5 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)

17.2.6 Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the technique

END

General Practice Farm Animal

Supporting Guidance

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the General practice farm animal accreditation

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the general practice farm animal accreditation.

To meet the four outcomes, Practices must meet each of the standards under each outcome.

Pre- assessment document check list

1. M&M / SEA minutes ☐
2. EQA / paired sampling results ☐
3. Inpatient monitoring sheets ☐
4. Pain management protocols ☐
5. Infection control protocols ☐

Safety The veterinary practice actively manages safety through structured systems and continuous improvement.
Outcome 1 (medicines): The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship.
Outcome 2 (infection control and biosecurity): Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission.
Outcome 3 (premises): Premises are suitable and well maintained for the purpose of treating animals and for the services delivered.
Outcome 4 (health and safety): A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public.

OUTCOME 1: The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship

1.2.1 Practice team actively reviews dispensing and prescribing processes to help reduce errors

Assessors will be checking**:**

a. Records of audits specific to the dispensing process

b. That team members are aware of dispensing process and audit outcomes and actions

1.2.2 All labels must be mechanically or machine produced, handwritten labels are not acceptable

Assessors will be looking for:

a. 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

1.2.3 The practice has a protocol for antimicrobial use in common conditions encountered

Assessors will be looking for:

a. Antimicrobial policies
b. That these are accessible to all staff
c. That team members are trained and aware of the policies
d. That patient records reflect what the policy recommends

Useful links:
Using Medicines Responsibly - RUMA

1.2.4 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

Assessors will be looking for:

a. Written policy on prescribing HP-CIAs
b. Team training of the HP-CIA policy

Useful links:
Using Medicines Responsibly - RUMA

1.2.5 The practice routinely provides written information to the client about side-effects or complications relating to unauthorised products whenever they are prescribed

Assessors will be looking for:

a. A treatment protocol made available for the client to follow
b. Patients records reflect this information has been shared with the client
c. Medicines that are to be collected have the needed information attached

1.2.6 The practice regularly reviews the medicines usage on the farms under their care

Assessors will be looking for:

a. Records of medicines usage for specific farms
b. Evidence of reviews and what outcomes followed

OUTCOME 2: Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission

2.2.1 Practice team actively reviews and audits the cleaning records and processes

Assessors will be looking for:

a. Up to date cleaning records
b. Audits of recent cleaning records and what actions were taken as a result

Useful links:
RCVS Knowledge

2.2.2 The practice should have a policy on the appropriate scheduling of examinations when dealing with known or potential contagious diseases

Assessors will be looking for:

a. A policy setting out process when dealing with contagious diseases
b. Staff training and awareness of this policy
c. Recent examples of when policy had to be implemented

2.2.3 If animals are admitted there must be facilities for adequate hygienic safe storage and disposal of bedding

Assessors will be looking for:

a. The storage area where the contaminated bedding is kept
b. That the staff on trained on where this area is

2.2.4 The practice provides advice and education to its clients on antimicrobial resistance, anthelmintics, zoonoses, infection control and biosecurity

Assessors will be looking for:

a. The practice proactively anticipates and addresses risks

2.2.5 The practice has procedures in place to ensure team members are aware of new and increasing animal disease threats infectious diseases

Assessors will be looking for:

a. Team awareness of the procedure
b. Procedure includes McLintock syringes and multi-injectors.

2.2.6 The practice has a policy on the use of multi-injection guns and where clients are required to use these, correct instructions are given

Assessors will be looking for:

a. Team awareness of the policy
b. Procedure includes McLintock syringes and multi-injectors.

OUTCOME 3: Premises are suitable and well maintained for the purpose of treating animals and for the services delivered

3.2.1 The area immediately surrounding the premises must be maintained in a clean and tidy state

Assessors will be looking for:

a. Thate the area surrounding the premises are free of litter
b. The vegetation is controlled
c. That safe access remains during extreme weather conditions

3.2.2 Food preparation, storage and washing up facilities for team members must be separate from clinical areas. Team members' rest areas must be separate from active work areas

Assessors will be looking for:

a. A separate staff area

OUTCOME 4: A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public

No GP Health and safety standards – all practice team left have gone into practice team - leadership

Leadership The veterinary practice demonstrates proactive leadership and a culture of improvement
Outcome 5 (clinical governance): Leaders implement structured governance systems to monitor performance, identify risks, and support continuous improvement in patient care and service delivery.
Outcome 6 (practice team): Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care.
Outcome 7 (environmental sustainability): The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management.

Recommended reading resources

RCVS Knowledge

OUTCOME 5: Leaders proactively assess and define systems and processes to minimise errors and waste

5.2.1 The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result

Assessors will be looking for:

a. Clinical meetings held at least quarterly
b. Evidence of changes made as a result of analysis
c. Written records of continuous improvement

Useful links:

Quality improvement – RCVS Knowledge

5.2.2 The practice must provide evidence that they develop, communicate and share protocols and guidelines for both clinical and non-clinical work and processes

Assessors will be looking for:

a. Relevant practice protocols, both clinical and non-clinical
b. Team awareness of these and how they are shared and communicated

5.2.3 Significant events are reviewed via a 'just culture' meeting, with a focus on learning and improvement and addressing emotional impact of the event on team members

Assessors will be looking for:

a. The meetings are recorded and any changes in procedure as a result are communicated to all team members

b. Team members needing additional support in the aftermath of a significant event should be signposted to available resources

Useful links:
Quality improvement – RCVS Knowledge

5.2.4 Quality improvement 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 be looking for:

a. Training records (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)
b. Discussion with relevant team members on what they have learnt from CPD and what changes to practice have been made as a result

Evidence of how CPD is shared with the wider team

5.2.5 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

Assessors will be looking for:

a. The record system / practice management system is able to search for specific prompt e.g. name of a procedure or clinical sign
b. Staff are able to use this system

OUTCOME 6: Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care

6.2.1 The practice has a documented team member development policy that is communicated to the team

Assessors will be looking for:

a. The development policy
b. Team awareness of the policy
c. That clinical and on-clinical team members can describe how they can access activities appropriate to them

6.2.2 Line managers must have clear systems in place on how to deal with mental health issues in the workplace

Assessors will be looking for:

a. Any internal training / induction for new line managers explicitly addresses mental health in the workplace
b. All team members with line management responsibility should have undertaken some form of training on mental health awareness
c. Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage
d. Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios
e. Managers can describe where they would seek additional advice and guidance on issues around mental health

Useful links:

My mental health at work – Mind Charity

Managing and supporting people with mental health problems in the workplace - HSE

Mind Matters Initiative (MMI) - RCVS

6.2.3 The practice offers a phased return to team members who have been on long-term sick leave

Assessors will be looking for:

a. A system for all team members to be offered a phased return after long term sickness

Useful links:

Returning to work after absence - ACAS

6.2.4 All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations

Assessors will be looking for:

a. A written protocol for all team members – clinical and non-clinical
b. Team awareness of this protocol

6.2.5 Team members should be effective at prioritisation of emergency cases

Assessors will be looking for:

a. 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
b. Assessors will expect to speak to a cross-section of the team
c. Examples of acute trauma that may require urgent attention include fractures, wounds causing massive blood loss, staggers, milk fever, collapsed animals, calvings, lambings etc

OUTCOME 7: The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management

7.2.1 The practice has appointed a sustainability champion or created a sustainability team

Assessors will be looking for:

a. The nominated sustainability champion who is included in the sustainability policy

Useful links:
Green Team Vet - BVA

7.2.2 The practice has a system in place to reduce waste caused by over prescribing and to encourage clients to return unused medications to the practice for appropriate safe disposal

Assessors will be looking for:

a. Collection box for clients unused medicine or materials
b. Website info, posters, leaflets advising clients to return unused medicines.
c. Practices to encourage clients to bring back unused medication during their appointments rather than making an additional trip

Useful links:
Animal Medicines Amnesty campaign – RCVS Knowledge
Using Medicines Responsibly – RUMA

7.2.3 The practice demonstrates that it monitors and acts upon its waste management and energy consumption usage

Assessors will be looking for:

a. Evidence of a waste survey
b. Evidence of the practice reviewing its waste facilities
c. Domestic and recycling waste streams
d. The team using the waste survey results to take action on improving waste segregation and/or reducing waste

Useful links:
Greener Veterinary Practice Checklist - Vet Sustain

7.2.4 The practice provides resources on preventative healthcare

Assessors will be looking for:

a. Information on the website with resources on preventative healthcare such as resources on vaccinations, de-worming programmes, routine dental check-ups for horses, horse health plans and herd health plans where members of the vet led team advise on preventative measures

7.2.5 Routine appointments to and for clients are planned to reduce mileage

Assessors will be looking for:

a. Team members understanding how routine appointments are planned
b. Where possible, appointments in the same area are arranged on the same day to reduce mileage and save greenhouse gas emissions.

Consumer Focus The veterinary practice prioritises transparency, communication, and continuity of care
Outcome 8 (client experience): Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent.
Outcome 9 (patient records): Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards.
Outcome 10 (out of hours): Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care.

Outcome 11 (patient care): The practice actively supports client understanding and engagement throughout the patient journey, including follow-up communication, care planning, and support for ongoing patient welfare.

OUTCOME 8: Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent

8.2.1 The practice ensures it has sufficient operational capacity and resources to meet the workload and address patient needs

Assessors will be looking for:

a. The practice carries out a regular audit of time taken to answer calls
b. The phones are answered in a timely manner
c. Appointments are available

Useful links:
RCVS Knowledge

8.2.2 Clients are aware of the identity of clinicians primarily responsible for the care of their units

Assessors will be looking for:

a. Practices will be expected to update websites and RCVS Find a Vet regularly.
b. Name badges are worn

8.2.3 The practice must have a means of encouraging feedback from clients and acting upon the results of feedback

Assessors will be looking for:

a. A consistent and systematic approach to gathering feedback and evidence of analysis and actions taken. This can be demonstrated by records of conversations with clients, client evenings or surveys. Innovative ways to encourage feedback are welcome
b. Evidence of feedback audits and actions plan from outcomes

8.2.4 The practice has an online presence which is updated with the latest information on opening times, services and team members

Assessors will be looking for:

a. Information on website, T&C's
b. Team members awareness of how information is kept up to date

8.2.5 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 be looking for:

a. Evidence of client recent meetings including issues focused upon, as well as a record of the key points discussed.

8.2.6 The practice must produce regular newsletters

Assessors will be looking for:

a. Newsletters (digital or hard copies)
b. These should be at least quarterly

8.2.7 The practice must access and use animal health data from farms under their care

Assessors will be looking for:

a. Team has access to farm data
b. Evidence must be available of proactive farm health management.
c. Evidence data used appropriately (This may 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.)

8.2.8 There is an appointment system for forward booking named veterinary surgeons

Assessors will be looking for:

a. Evidence booking system
b. Team awareness of booking system
c. There is a method of informing clients when visits are running behind

8.2.9 Regular (annual) audit of herd/flock sizes are undertaken

Assessors will be looking for:

a. Audit

8.2.10 The practice provides regular training events for clients on key topics to enable farmers to develop their skills and knowledge in farm animal health and welfare

Assessors will be looking for:

a. Evidence of client events

OUTCOME 9: Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standard

9.2.1 Signed consent forms are required for surgery and euthanasia

Assessors will be looking for:

a. Signed consent forms are usually required for all clinical procedures when the patient is admitted to the care of a veterinary surgeon
b. Patient records including consent forms if applicable
c. Consent follows from discussions with the client
d. Signed digital forms are acceptable

Useful links:
Clinical and client records - RCVS

9.2.2 Records must be maintained so that any clinical team member coming into the practice may, by reading the records, be able to proceed with the continuity of care of the patient

Assessors will be looking for:

a. Patient records

9.2.3 The practice uses a computerised practice management system

Assessors will be looking for:

a. 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
b. The practice management system

OUTCOME 10: Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care

10.2.1 Practices can only outsource their OOH provision to practices that meet or exceed their own level or to an ESC

Assessors will be looking for:

a. OOH provider is a member and accredited with PSS

10.2.2 If OOH cover is provided by veterinary surgeons not normally working with that species then they must demonstrate that they are competent to do so

Assessors will be looking for:

a. Evidence of training

OUTCOME 11: The practice actively supports client understanding and engagement throughout the patient journey, including follow-up communication, care planning, and support for ongoing patient welfare

11.2.1 The practice must have an appropriate area out of sight of the general public must be available for the safe euthanasia of animals

Assessors will be looking for:

a. Designated area is appropriate
b. Process when euthanasia done onsite
c. Team aware of process

11.2.2 The practice must a system in place to deal with deceased patients

Assessors will be looking for:

a. Appropriate Storage and collection
b. Team member responsible for organizing the disposal or the notification for the collection
c. Process in place e.g. flow chart

11.2.3 Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay

Assessors will be looking for:

a. Consent forms include signposting to overnight supervision level of care

11.2.4 All clinical team members must be provided with written guidelines for managing clinical emergencies including unforeseen complications and conditions of the inpatient

(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.)

Assessors will be looking for:

a. Written Guidelines
b. Evidence of induction of team members at the outset of their employment.

c. Contingencies for managing a transfer or referral

Clinical services Clinical services are delivered through consistent protocols, monitoring, and quality improvement
Outcome 12 (anaesthesia): Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness.
Outcome 13. No dentistry outcome for FA.
Outcome 14 (diagnostic imaging): Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices.
Outcome 15 (laboratory and clinical pathology): Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care.
Outcome 16 (pain management and welfare): Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients.
Outcome 17 (surgery): Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery.

OUTCOME 12: Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness

12.2.1 A patient assessment and risk assessment is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic and is recorded

Assessors will be looking for:

a. There must be consideration for the safety of the patient and all personnel present.
b. Discussion with team members on approach to assessments

OUTCOME 13: No dentistry outcome for FA

No dentistry in FA

OUTCOME 14: Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices

14.2.1 An ultrasound system capable of providing diagnostic quality images per rectum images of the ovaries and uterus in reproductive work

Assessors will be looking for:

a. Training has been undertaken and facilities are available for the ultrasonography of the reproductive tract.
b. Equipment is maintained appropriately
c. The practice must have the ability to record ultrasound images.

OUTCOME 15: Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care

15.2.1 External Quality Assessment (EQA) 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.)

Assessors will be looking for:

a. Evidence of EQA results
b. Evidence that this is undertaken for tests carried out using Point of Care (POC) devices

15.2.2 The practice has laboratory capability either in the field or on practice premises to provide appropriate laboratory services for the demographic

Assessors will be looking for:

a. The practice can demonstrate ability to:
    a. Measure PCV
    b. Use binocular microscopy (with a range of objective lenses and light source),
    c. Access to refractometer
    d. Perform cytology stains
    e. Access urine dipstick
    f. Measure blood ketones

15.2.3 The practice actively engages with its clients to promote the importance of diagnostics and evidence-based medicine

Assessors will be looking for:

a. Evidence of client information e.g. newsletters, educational events etc

OUTCOME 16: Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients

16.2.1 The practice provides a livestock health plan written in conjunction with the farmer and reviewed at least annually

Assessors will be looking for:

a. The plan is farm specific and available to all who handle livestock

16.2.2 Members of the clinical team have received additional training on recognising pain

Assessors will be looking for:

a. Evidence of this training
b. How the practice assesses the impact of training and how they retained or changed pain control policy based on this assessment.

OUTCOME 17: Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery

17.2.1 If surgery is being performed indoors on the practice site, there is a written protocol for the maintenance of a surgically clean environment and evidence it is carried out

Assessors will be looking for:

a. Written protocol for the maintenance of a surgically clean environment
b. Team awareness of this protocol

17.2.2 Surgical sites are prepared using appropriate. Where clippers are used, they are fitted with a suitable blade and are cleaned and maintained appropriately

Assessors will be looking for:

a. Equipment is available, clean and ready to use

17.2.4 Demonstrate a standardised approach to sterilisation

Assessors will be looking for:

a. Standardised approach
b. Written practice guidelines on when re-sterilisation will be required/what process to follow
c. Team awareness

17.2.5 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)

Assessors will be looking for:

a. Evidence recording of surgical site infections
b. Patient records
c. Bacteriology results
d. Audit and actions on how to minimise

END

RCVS
Inspiring confidence in veterinary care

Standards for General Practice Equine

For general practice equine ambulatory accreditation - outcome 11 not applicable

The four framework areas and the outcomes to be met:

Safety The veterinary practice actively manages safety through structured systems and continuous improvement.
Outcome 1 (medicines): The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship.
Outcome 2 (infection control and biosecurity): Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission.
Outcome 3 (premises): Premises are suitable and well maintained for the purpose of treating animals and for the services delivered.
Outcome 4 (health and safety): A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public.

Leadership The veterinary practice demonstrates proactive leadership and a culture of improvement
Outcome 5 (clinical governance): Leaders implement structured governance systems to monitor performance, identify risks, and support continuous improvement in patient care and service delivery.
Outcome 6 (practice team): Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care.
Outcome 7 (environmental sustainability): The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management.

Consumer Focus The veterinary practice prioritises transparency, communication, and continuity of care
Outcome 8 (client experience): Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent.
Outcome 9 (patient records): Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards.
Outcome 10 (out of hours): Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care.
Outcome 11 (patient care): The practice actively supports client understanding and engagement throughout the patient journey, including

follow-up communication, care planning, and support for ongoing patient welfare.

Clinical services Clinical services are delivered through consistent protocols, monitoring, and quality improvement
Outcome 12 (anaesthesia): Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness.
Outcome 13 (dentistry): Dental procedures are performed using appropriate equipment, analgesia, and diagnostic support to ensure safe and effective treatment of dental disease.
Outcome 14 (diagnostic imaging): Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices.
Outcome 15 (laboratory and clinical pathology): Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care.
Outcome 16 (pain management and welfare): Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients.
Outcome 17 (surgery): Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery.

SAFETY: The veterinary practice premises is safe for animals and people

OUTCOME 1: The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship

1.2.1 Practice team actively reviews dispensing and prescribing processes to help reduce errors

1.2.2 All labels must be mechanically or machine produced, handwritten labels are not acceptable

1.2.3 The practice has a protocol for antimicrobial use in common conditions encountered

1.2.4 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

1.2.5 The practice routinely provides written information to the client about side-effects or complications relating to unauthorised products whenever they are prescribed

1.2.6 The practice provides suitable training to clients if they are to administer injectable medicines themselves

1.2.7 The practice has a written policy on the prescription and dispensing of sedative drugs for use during examinations and or procedures undertaken by paraprofessionals

OUTCOME 2: Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission

2.2.1 Practice team actively reviews and audits the cleaning records and processes

2.2.2 The practice should have a policy on the appropriate scheduling of examinations when dealing with known or potential contagious diseases

2.2.3 If animals are admitted there must be facilities for adequate hygienic safe storage and disposal of bedding.

OUTCOME 3: Premises are suitable and well maintained for the purpose of treating animals and for the services delivered

3.2.1 The area immediately surrounding the premises must be maintained in a clean and tidy state

3.2.2 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

OUTCOME 4: A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public

No GP Health and safety standards – all practice team left have gone into practice team - leadership

LEADERSHIP: The veterinary practice demonstrates proactive leadership and a culture of improvement

OUTCOME 5: Leaders implement structured governance systems to monitor performance, identify risks, and support continuous improvement in patient care and service delivery

5.2.1 The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result

5.2.2 The practice must provide evidence that they develop, communicate and share protocols and guidelines for both clinical and non-clinical work and processes

5.2.3 Significant events are reviewed via a 'just culture' meeting, with a focus on learning and improvement and addressing emotional impact of the event on team members

5.2.4 Quality improvement 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

5.2.5 Information from significant event meetings is shared with the profession in order to enable learning

5.2.6 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

OUTCOME 6: Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care

6.2.1 The practice has a documented team member development policy that is communicated to the team

6.2.2 Line managers must have clear systems in place on how to deal with mental health issues in the workplace

6.2.3 The practice offers a phased return to team members who have been on long-term sick leave

6.2.4 All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations

6.2.5 Team members should be effective at prioritisation of emergency cases

OUTCOME 7: The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management

7.2.1 The practice has appointed a sustainability champion or created a sustainability team

7.2.2 The practice has a system in place to reduce waste caused by over prescribing and to encourage clients to return unused medications to the practice for appropriate safe disposal

7.2.3 The practice demonstrates that they employ techniques to minimise anaesthetic gas usage

7.2.4 The practice demonstrates that it monitors and acts upon its waste management and energy consumption usage

7.2.5 The practice provides resources on preventative healthcare

7.2.6 Routine appointments to and for clients are planned to reduce mileage

Consumer Focus: The veterinary practice prioritises transparency, communication, and continuity of care

OUTCOME 8: Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent

8.2.1 The practice ensures it has sufficient operational capacity and resources to meet the workload and address patient needs

8.2.2 Clients are aware of identity of team members responsible for the care of their animals and any changes in personnel day-to-day

8.2.3 The practice must have a means of encouraging feedback from clients and acting upon the results of feedback

8.2.4 The practice has an online presence which is updated with the latest information on opening times, services and team members

OUTCOME 9: Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards

9.2.1 Written and signed consent forms should be routinely used for procedures, including diagnostics, medical treatments, surgery and euthanasia

9.2.2. Records must be maintained so that any clinical team member coming into the practice may, by reading the records, be able to proceed with the continuity of care of the patient

9.2.3 The practice uses a computerised practice management system

9.2.4 Written discharge instructions are routinely provided to clients on discharge of all hospitalised patients

OUTCOME 10: Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care

10.2.1 Practices can only outsource their OOH provision to practices that meet or exceed their own level or to an ESC

10.2.2 If OOH cover is provided by veterinary surgeons not normally working with that species, then they must demonstrate that they are competent to do so

10.2.3 A suitably trained person is available to assist in the administration and monitoring of a general anaesthetic

OUTCOME 11: The practice actively supports client understanding and engagement throughout the patient journey, including follow-up communication, care planning, and support for ongoing patient welfare

For general practice equine ambulatory accreditation - outcome 11 not applicable

11.2.1 The practice must provide appropriate facilities in which detailed examinations of horses, as well as diagnostic procedures such as diagnostic analgesia, radiography, ultrasonography and endoscopy can be performed

11.2.2 The practice must have dedicated loose boxes, suitable to the expected caseload, available for the daytime and overnight accommodation of patients

11.2.3 The practice must provide a range of intravenous fluids, catheters, administration sets and means of administering for horses

11.2.4 The practice must have an appropriate area out of sight of the general public must be available for the safe euthanasia of horses

11.2.5 Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay

11.2.6 The practice must have a system in place to deal with deceased patients

11.2.7 All admitted animals must have in-patient records that document their ongoing care and monitoring, including basic husbandry parameters, with dated, timed, and initialled entries

11.2.8 All clinical team members must be provided with written guidelines for managing clinical emergencies including unforeseen complications and conditions of the inpatient

CLINICAL SERVICES: Clinical services are delivered through consistent protocols, monitoring, and quality improvement

OUTCOME 12: Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness

12.2.1 Anaesthetic charts must be filled in for each patient (except in emergency or very short procedures)

12.2.2 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

12.2.3 There must be adequate facilities and equipment for safe induction, safe maintenance and safe recovery of general anaesthesia in the field or at the practice premises

OUTCOME 13: Dental procedures are performed using appropriate equipment, analgesia, and diagnostic support to ensure safe and effective treatment of dental disease

13.2.1 Dental records are maintained as part of the patient's medical record in the practice management system (PMS)

OUTCOME 14: Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices

14.2.1 There must be X-ray facilities suitable for the range of species routinely treated and must have equipment to X-ray distal limbs

14.2.2 An ultrasound system capable of providing diagnostic quality images 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

14.2.3 Endoscopes must be available to allow diagnostic investigation of upper and lower airways, and stomach

14.2.4 The practice must be visited by a radiation protection adviser (RPA) or representative, at least every 4 years who possesses appropriate knowledge and experience relevant to veterinary practice

14.2.5 Original diagnostic images have a means of patient identification and must be retained for an appropriate period

OUTCOME 15: Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care

15.2.1 External Quality Assessment (EQA) must be routinely undertaken and the results documented and acted on where necessary

15.2.2 The practice has laboratory capability either in the field or on practice premises to provide appropriate laboratory services for the demographic

15.2.3 The practice actively engages with its clients to promote the importance of diagnostics and evidence-based medicine

OUTCOME 16: Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients

16.2.1 Pain is routinely assessed using a recognized pain scoring system and appropriate analgesia is provided

16.2.2 Pain is reassessed and recorded regularly throughout surgical procedures, recovery and during follow up and treatment plans adjusted appropriately

16.2.3 Members of the clinical team have received additional training on recognising pain

16.2.4 Multi-modal pain relief is routinely used in the practice where appropriate

16.2.5 Where appropriate, clients are provided with information about recognising pain, the benefits of pain management, and potential adverse reactions

16.2.6 Patients with chronic conditions e.g. osteoarthritis are reassessed regularly and treatment plans adjusted appropriately

16.2.7 The practice provides a holistic approach to pain relief

OUTCOME 17: Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery

17.2.1 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

17.2.2 Surgical sites are prepared using clippers fitted with an appropriate blade. Clippers and blades are cleaned and maintained appropriately

17.2.3 Sterile gowns and a range of sizes of sterile gloves must be available and used where appropriate

17.2.4 Demonstrate a standardised approach to sterilisation

17.2.5 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)

17.2.6 Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the technique

END

RCVS
Inspiring confidence in veterinary care

General Practice Equine

Supporting Guidance

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the general practice equine accreditation

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the general practice equine accreditation.

To meet the four outcomes, Practices must meet each of the standards under each outcome.

Pre- assessment document check list

1. M&M / SEA minutes ☐
2. EQA / paired sampling results ☐
3. Inpatient monitoring sheets ☐
4. Pain management protocols ☐
5. Infection control protocols ☐

Safety The veterinary practice actively manages safety through structured systems and continuous improvement.
Outcome 1 (medicines): The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship.
Outcome 2 (infection control and biosecurity): Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission.
Outcome 3 (premises): Premises are suitable and well maintained for the purpose of treating animals and for the services delivered.
Outcome 4 (health and safety): A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public.

OUTCOME 1: The medicines supplied and prescribed to patients are managed through robust protocols, audit, and regular review to ensure efficacy, safety, and responsible use, including antimicrobial stewardship

1.2.1 Practice team actively reviews dispensing and prescribing processes to help reduce errors

Assessors will be checking:

a) Records of audits specific to the dispensing process

b) That team members are aware of dispensing process and audit outcomes and actions

1.2.2 All labels must be mechanically or machine produced, handwritten labels are not acceptable

Assessors will be looking for:

a) Machine printed labels with correct information

1.2.3 The practice has a protocol for antimicrobial use in common conditions encountered

Assessors will be looking for:

a. Antimicrobial policies
b. That these are accessible to all staff
c. That team members are trained and aware of the policies
d. That patient records reflect what the policy recommends

1.2.4 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

Assessors will be looking for:

a. Written policy on prescribing HP-CIAs
b. Team training of the HP-CIA policy

Useful links:
Guidelines and guidance on the responsible use of veterinary medicines - GOV.UK

1.2.5 The practice routinely provides written information to the client about side-effects or complications relating to unauthorised products whenever they are prescribed

Assessors will be looking for:

a. Patients records reflect this information has been shared with the client
b. Medicines that are to be collected have the needed information attached

c. BEVA Client information sheets about Cascade Medicines printed out, available and being used, or QR codes or url codes that link to individual sheets.

Useful links:
Prescribing cascade & veterinary specials FAQ - BEVA

1.2.6 The practice provides suitable training to clients if they are to administer injectable medicines themselves

Assessors will be looking for:

a) Staff demonstrating recent cases where training was required
b) Patient record evidencing training provided
c) Client handout with information on how to inject a horse

1.2.7 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 be looking for:

a. The policy sets out the process on prescribing and dispensing sedatives for any paraprofessionals
b. The team are aware and trained on this policy
c. The policy is accessible to all staff

OUTCOME 2: Comprehensive infection prevention and biosecurity procedures are implemented, regularly reviewed, and monitored to minimise the risk of infectious disease transmission

2.2.1 Practice team actively reviews and audits the cleaning records and processes

Assessors will be looking for:

a. Up to date cleaning records
b. Audits of recent cleaning records and what actions were taken as a result

Useful links:
RCVS Knowledge

2.2.2 The practice should have a policy on the appropriate scheduling of examinations when dealing with known or potential contagious diseases

Assessors will be looking for:

a. A policy setting out process when dealing with contagious diseases

b. Staff training and awareness of this policy
c. Recent examples of when policy had to be implemented

2.2.3 If animals are admitted there must be facilities for adequate hygienic safe storage and disposal of bedding

Assessors will be looking for:

a. The storage area where the contaminated bedding is kept
b. That the staff on trained on where this area is

OUTCOME 3: Premises are suitable and well maintained for the purpose of treating animals and for the services delivered

3.2.1 The area immediately surrounding the premises must be maintained in a clean and tidy state

Assessors will be looking for:

a. Thate the area surrounding the premises are free of litter
b. The vegetation is controlled
c. That safe access remains during extreme weather conditions

3.2.2 Food preparation, storage and washing up facilities for team members must be separate from clinical areas. Team members' rest areas must be separate from active work areas

Assessors will be looking for:

a. A separate staff area

OUTCOME 4: A structured health and safety management system is in place that actively identifies risks, promotes staff wellbeing, and ensures safe working practices for the team, patients, clients, and the public

No GP Health and safety standards – all practice team left have gone into practice team - leadership

Leadership The veterinary practice demonstrates proactive leadership and a culture of improvement
Outcome 5 (clinical governance): Leaders implement structured governance systems to monitor performance, identify risks, and support continuous improvement in patient care and service delivery.

Outcome 6 (practice team): Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care.
Outcome 7 (environmental sustainability): The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management.

Recommended reading resources

RCVS Knowledge

OUTCOME 5: Leaders implement structured governance systems to monitor performance, identify risks, and support continuous improvement in patient care and service delivery

5.2.1 The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result

Assessors will be looking for:

a. Clinical meetings held at least quarterly
b. Evidence of changes made as a result of analysis
c. Written records of continuous improvement

Useful links:

Quality improvement – RCVS Knowledge

5.2.2 The practice must provide evidence that they develop, communicate and share protocols and guidelines for both clinical and non-clinical work and processes

Assessors will be looking for:

a. Relevant practice protocols, both clinical and non-clinical
b. Team awareness of these and how they are shared and communicated

5.2.3 Significant events are reviewed via a 'just culture' meeting, with a focus on learning and improvement and addressing emotional impact of the event on team members

Assessors will be looking for:

a. The meetings are recorded and any changes in procedure as a result are communicated to all team members
b. Team members needing additional support in the aftermath of a significant event should be signposted to available resources

Useful links:

Quality improvement – RCVS Knowledge

5.2.4 Quality improvement 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 be looking for:

a. Training records (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)
b. Discussion with relevant team members on what they have learnt from CPD and what changes to practice have been made as a result.
c. Evidence of how CPD is shared with the wider team

5.2.5 Information from significant event meetings is shared with the profession in order to enable learning

Assessors will be looking for:

a. Examples of how these have been shared
b. Possible outlets are within a practice group, via RCVSK's online forum or VetsSafe

Useful links:

Quality improvement – RCVS Knowledge

VetSafe

5.2.6 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

Assessors will be looking for:

a. The record system / practice management system is able to search for specific prompt e.g. name of a procedure or clinical sign
b. Staff are able to use this system

OUTCOME 6: Leaders actively foster a positive team culture that promotes collaboration, wellbeing, professional development, and high standards of patient care

6.2.1 The practice has a documented team member development policy that is communicated to the team

Assessors will be looking for:

a. The development policy
b. Team awareness of the policy
c. That clinical and on-clinical team members can describe how they can access activities appropriate to them

6.2.2 Line managers must have clear systems in place on how to deal with mental health issues in the workplace

Assessors will be looking for:

a. Any internal training / induction for new line managers explicitly addresses mental health in the workplace
b. All team members with line management responsibility should have undertaken some form of training on mental health awareness
c. Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage
d. Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios
e. Managers can describe where they would seek additional advice and guidance on issues around mental health

Useful links:
My mental health at work – Mind Charity
Managing and supporting people with mental health problems in the workplace - HSE
Mind Matters Initiative (MMI) - RCVS

6.2.3 The practice offers a phased return to team members who have been on long-term sick leave

Assessors will be looking for:

a. A system for all team members to be offered a phased return after long term sickness

Useful links:
Returning to work after absence - ACAS

6.2.4 All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations

Assessors will be looking for:

a. A written protocol for all team members – clinical and non-clinical
b. Team awareness of this protocol

6.2.5 Team members should be effective at prioritisation of emergency cases

Assessors will be looking for:

a. 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
b. Assessors will expect to speak to a cross-section of the team
c. Examples of acute trauma that may require urgent attention include fractures, wounds, colics and foaling etc

OUTCOME 7: The practice actively monitors and reduces its environmental impact through sustainable practices and responsible resource management

7.2.1 The practice has appointed a sustainability champion or created a sustainability team

Assessors will be looking for:

a. The nominated sustainability champion who is included in the sustainability policy

Useful links:
Green Team Vet - BVA

7.2.2 The practice has a system in place to reduce waste caused by over prescribing and to encourage clients to return unused medications to the practice for appropriate safe disposal

Assessors will be looking for:

a. Collection box for clients unused medicine or materials
b. Website info, posters, leaflets advising clients to return unused medicines
c. Practices to encourage clients to bring back unused medication during their appointments rather than making an additional trip.

Useful links:
Useful links:
Animal Medicines Amnesty campaign – RCVS Knowledge
Using Medicines Responsibly – RUMA

7.2.3 The practice demonstrates that they employ techniques to minimise anaesthetic gas usage

This standard is not applicable if the practice does not use gaseous anaesthesia

Assessors will be looking for:

a. Discussions with team members around anaesthetic techniques
b. Use of techniques such as the following
    i. The practice considers using local and regional anaesthetic where appropriate.
    ii. The practice is optimising the flow rate.
    iii. The practice is reducing Nitrous Oxide -Practices regularly review their GA plan.
    iv. Increasing the use of Partial Intravenous Anaesthesia (PIVA) / Total Intravenous Anaesthesia (TIVA) where clinically appropriate

7.2.4 The practice demonstrates that it monitors and acts upon its waste management and energy consumption usage

Assessors will be looking for:

a. Evidence of a waste survey
b. Evidence of the practice reviewing its waste facilities
c. Domestic and recycling waste streams
d. The team using the waste survey results to take action on improving waste segregation and/or reducing waste

Useful links:
Greener Veterinary Practice Checklist - Vet Sustain

7.2.5 The practice provides resources on preventative healthcare

Assessors will be looking for:

a. Information on the website with resources on preventative healthcare such as resources on vaccinations, de-worming programmes, routine dental check-ups for horses, horse health plans and herd health plans where members of the vet led team advise on preventative measures

7.2.6 Routine appointments to and for clients are planned to reduce mileage

Assessors will be looking for:

a. Team members understanding how routine appointments are planned
b. Where possible, appointments in the same area are arranged on the same day to reduce mileage and save greenhouse gas emissions

Consumer Focus The veterinary practice prioritises transparency, communication, and continuity of care
Outcome 8 (client experience): Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent.
Outcome 9 (patient records): Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards.
Outcome 10 (out of hours): Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care.
Outcome 11 (patient care): The practice actively supports client understanding and engagement throughout the patient journey, including follow-up communication, care planning, and support for ongoing patient welfare.

OUTCOME 8: Clients receive clear, transparent, and accessible information about services, treatment options, likely outcomes, and costs, enabling informed decision-making and meaningful consent

8.2.1 The practice ensures it has sufficient operational capacity and resources to meet the workload and address patient needs

Assessors will be looking for:

a. The practice carries out a regular audit of time taken to answer calls
b. The phones are answered in a timely manner
c. Appointments are available

Useful links:
All courses - RCVS Academy

8.2.2 Clients are aware of identity of team members responsible for the care of their animals and any changes in personnel day-to-day

Assessors will be looking for:

a. Practices will be expected to update websites and RCVS Find a Vet regularly
b. Name badges or equivalent are worn

8.2.3 The practice must have a means of encouraging feedback from clients and acting upon the results of feedback

Assessors will be looking for:

a. A consistent and systematic approach to gathering feedback and evidence of analysis and actions taken. This can be demonstrated by records of conversations with clients, client evenings or surveys. Innovative ways to encourage feedback are welcome
b. Evidence of feedback audits and actions plan from outcomes

8.2.4 The practice has an online presence which is updated with the latest information on opening times, services and team members

Assessors will be looking for:

a. Information on website, T&C's
b. Team members awareness of how information is kept up to date

OUTCOME 9: Accurate records are maintained, and confidentiality is upheld in accordance with professional and legal standards

9.2.1 Written and signed consent forms should be routinely used for procedures, including diagnostics, medical treatments, surgery and euthanasia

Assessors will be looking for:

a. Patient records including consent forms
b. Consent follows from discussions with the client
c. If treatment changes during the course of investigation, telephone consent is allowed but should be recorded in the clinical records
d. Signed digital forms are acceptable
e. The practice seeks written consent for major surgery and euthanasia

Useful links:
Clinical and client records - RCVS

9.2.2. Records must be maintained so that any clinical team member coming into the practice may, by reading the records, be able to proceed with the continuity of care of the patient

Assessors will be looking for:

a. Patient records
b. There is easy access from the patient medical record to associated clinical documentation e.g. digitalised, scanned or paper
c. The practice must audit the back-up for computerised records to ensure that it is adequate

9.2.3 The practice uses a computerised practice management system

Assessors will be looking for:

a. The practice management system

9.2.4 Written discharge instructions are routinely provided to clients on discharge of all hospitalised patients

Assessors will be looking for:

a. Evidence of discharge instructions on the practice management system - These should include at least: - Details of medication - Instructions for feeding - Instructions for exercise - Information about repeat appointments - Details of out of hours arrangements

OUTCOME 10: Practices ensure 24-hour provision of emergency first aid and pain relief through clearly communicated arrangements that support seamless patient care

10.2.1 Practices can only outsource their OOH provision to practices that meet or exceed their own level or to an ESC

Assessors will be looking for:

a. OOH provider is a member and accredited with PSS
b. Assessors will ask to see what arrangements are made for surgical emergencies OOH

10.2.2 If OOH cover is provided by veterinary surgeons not normally working with that species, then they must demonstrate that they are competent to do so

Assessors will be looking for:

a. Evidence of training

10.2.3 A suitably trained person is available to assist in the administration and monitoring of a general anaesthetic

Assessors will be looking for:

a. Anaesthetic records
b. Discussion with trained team members around processes for monitoring

OUTCOME 11: The practice actively supports client understanding and engagement throughout the patient journey, including follow-up communication, care planning, and support for ongoing patient welfare

For general practice equine ambulatory accreditation - outcome 11 not applicable

11.2.1 The practice must provide appropriate facilities in which detailed examinations of horses, as well as diagnostic procedures such as diagnostic analgesia, radiography, ultrasonography and endoscopy can be performed

Assessors will be looking for:

a. Appropriate equipment is available, and ready to be used
b. Facilities are appropriate for equine patients
c. A darkened examination area must be available
d. An area suitable for trotting and lunging horses must be available - The area for trotting and lunging need not be on the practice premises so long as it is available.

11.2.2 The practice must have dedicated loose boxes, suitable to the expected caseload, available for the daytime and overnight accommodation of patients

Assessors will be looking for:

a. Adequate number and size of stabling facilities – including isolation facilities as per the policy setting out process when dealing with contagious diseases (2.2.2)

11.2.3 The practice must provide a range of intravenous fluids, catheters, administration sets and means of administering for horses

Assessors will be looking for:

a. Appropriate quantity of Iv therapy equipment available on site

11.2.4 The practice must have an appropriate area out of sight of the general public must be available for the safe euthanasia of horses

Assessors will be looking for:

a. Designated area is appropriate
b. Process when euthanasia done onsite
c. Team aware of process

11.2.5 Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay

Assessors will be looking for:

a. Consent forms include signposting to overnight supervision level of care

11.2.6 The practice must have a system in place to deal with deceased patients

Assessors will be looking for:

a. Appropriate Storage and collection
b. Team member responsible for organizing the disposal or the notification for the collection
c. Process in place e.g. flow chart

11.2.7 All admitted animals must have in-patient records that document their ongoing care and monitoring, including basic husbandry parameters, with dated, timed, and initialled entries

Assessors will be looking for:

a. Inpatient records include the following as a minimum: temperature, pulse, respiration, treatments, food and water intake, urine and faeces output, clinical signs

11.2.8 All clinical team members must be provided with written guidelines for managing clinical emergencies including unforeseen complications and conditions of the inpatient

(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).

Assessors will be looking for:

a. Written Guidelines
b. Evidence of induction of team members at the outset of their employment
c. Contingencies for managing a transfer or referral

Clinical services Clinical services are delivered through consistent protocols, monitoring, and quality improvement
Outcome 12 (anaesthesia): Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness.
Outcome 13 (dentistry): Dental procedures are performed using appropriate equipment, analgesia, and diagnostic support to ensure safe and effective treatment of dental disease.

Outcome 14 (diagnostic imaging): Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices.
Outcome 15 (laboratory and clinical pathology): Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care.
Outcome 16 (pain management and welfare): Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients.
Outcome 17 (surgery): Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery.

OUTCOME 12: Anaesthesia is delivered using structured protocols, appropriate monitoring equipment, and trained personnel, supported by regular review of outcomes and emergency preparedness

12.2.1 Anaesthetic charts must be filled in for each patient (except in emergency or very short procedures)

Assessors will be looking for:

a. This includes sedation
b. These charts must form part of the clinical records
c. 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)

12.2.2 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

(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.)

Assessors will be looking for:

a. Patient charts
b. Discussion with team members
c. Team rotas

12.2.3 There must be adequate facilities and equipment for safe induction, safe maintenance and safe recovery of general anaesthesia in the field or at the practice premises

Assessors will be looking for:

a. Appropriate facilities and equipment for the work routinely performed
b. 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
c. 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
d. There must be consideration for the safety of the patient and all personnel present.
e. Adequate maintenance of all equipment
f. Staff trained and competent to use equipment

OUTCOME 13: Dental procedures are performed using appropriate equipment, analgesia, and diagnostic support to ensure safe and effective treatment of dental disease

13.2.1 Dental records are maintained as part of the patient's medical record in the practice management system (PMS)

Assessors will be looking for:

a. The records must document the diagnosis and all therapies undertaken
b. Use of dental charting if appropriate

OUTCOME 14: Diagnostic imaging is performed using appropriate protocols and radiation safety procedures, ensuring diagnostic quality and safe working practices

14.2.1 There must be X-ray facilities suitable for the range of species routinely treated and must have equipment to X-ray distal limbs

Assessors will be looking for:

a. Adequate number of x-ray machines to meet the patient demand
b. Staff is trained and competent to use
c. Equipment is maintained and used as per RPA report
d. Practices must have the ability to view X-rays/diagnostic images in the consulting area (including in the field)

14.2.2 An ultrasound system capable of providing diagnostic quality images 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

Assessors will be looking for:

a. Ultrasound equipment must be provided on site (this must not be shared with other premises)
b. Equipment is adequate
c. Ultrasound equipment must, as a minimum, be capable of carrying out diagnostics for lameness workups

14.2.3 Endoscopes must be available to allow diagnostic investigation of upper and lower airways, and stomach

Assessors will be looking for:

a. Equipment is available, maintained and ready to use
b. Staff are trained and competent to use

14.2.4 The practice must be visited by a radiation protection adviser (RPA) or representative, at least every 4 years who possesses appropriate knowledge and experience relevant to veterinary practice

Assessors will be looking for:

a. Evidence that an RPA (or representative) has visited and inspected the site, or submitted a written statement confirming the practice remains compliant with IRR17
b. All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA

14.2.5 Original diagnostic images have a means of patient identification and must be retained for an appropriate period

Assessors will be looking for:

a. Evidence of images (may be hard copy or in digital format.)
b. Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice
c. 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

OUTCOME 15: Laboratory testing processes are structured and quality controlled to minimise diagnostic errors and ensure timely and reliable results for patient care

15.2.1 External Quality Assessment (EQA) 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).

Assessors will be looking for:

a. Evidence of EQA results
b. Evidence that this is undertaken for tests carried out using Point of Care (POC) devices

15.2.2 The practice has laboratory capability either in the field or on practice premises to provide appropriate laboratory services for the demographic

Assessors will be looking for:

a. The practice can demonstrate ability to:
    a. Measure PCV
    b. Use binocular microscopy (with a range of objective lenses and light source)
    c. Access to refractometer and centrifuge
    d. Perform cytology stains
    e. Access urine dipstick
    f. Measure blood ketones

15.2.3 The practice actively engages with its clients to promote the importance of diagnostics and evidence-based medicine

Assessors will be looking for:

a. Evidence of client information

OUTCOME 16: Pain recognition, assessment, and management are integrated into clinical care using evidence-based approaches tailored to individual patients

16.2.1 Pain is routinely assessed using a recognized pain scoring system and appropriate analgesia is provided

Assessors will be looking for:

a. Patient records
b. Team awareness of pain scoring

16.2.2 Pain is reassessed and recorded regularly throughout surgical procedures, recovery and during follow up and treatment plans adjusted appropriately

Assessors will be looking for:

a. Patient records

16.2.3 Members of the clinical team have received additional training on recognising pain.

Assessors will be looking for:

a. Evidence of training

16.2.4 Multi-modal pain relief is routinely used in the practice where appropriate

Assessors will be looking for:

a. Patient records
b. Analgesic medicines stock
c. Pain relief guidelines

16.2.5 Where appropriate, clients are provided with information about recognising pain, the benefits of pain management, and potential adverse reactions

Assessors will be looking for:

a. Evidence of client communications

16.2.7 The practice provides a holistic approach to pain relief

Assessors will be looking for:

a. Patient records
b. Pain relief guidelines

16.2.7 The practice provides a holistic approach to pain relief

Assessors will be looking for:

a. Patient records
b. Team members awareness of options for holistic approach

OUTCOME 17: Surgical procedures are undertaken using established surgical protocols, appropriate facilities, and trained staff to support safe outcomes and patient recovery

17.2.1 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

Assessors will be looking for:

a. Written protocol for the maintenance of a surgically clean environment
b. Team awareness of this protocol
c. Team awareness
d. A means of displaying relevant diagnostic images must be available in the surgical area

17.2.2 Surgical sites are prepared using clippers fitted with an appropriate blade. Clippers and blades are cleaned and maintained appropriately

Assessors will be looking for:

a. Equipment is available, clean and ready to use

17.2.3 Sterile gowns and a range of sizes of sterile gloves must be available and used where appropriate

Assessors will be looking for:

a. Appropriate PPE

17.2.4 Demonstrate a standardised approach to sterilisation

Assessors will be looking for:

a. Standardised approach
b. Written practice guidelines on when re-sterilisation will be required/what process to follow
c. Team awareness

17.2.5 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)

Assessors will be looking for:

a. Evidence recording of surgical site infections
b. Patient records
c. Bacteriology results
d. Audit and actions on how to minimise

17.2.6 Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the technique

Assessors will be looking for:

a. Sterile packs must be available in sufficient quantity for the workload of the practice

END

RCVS
Inspiring confidence in veterinary care

Veterinary Hospital Small Animal Standards

No Dentistry exemption

The four framework areas and the outcomes to be met:

Safety The veterinary hospital delivers advanced patient safety through comprehensive governance and infrastructure
Outcome 1 (medicines): Medicines management is supported by advanced prescribing protocols, audit, antimicrobial stewardship programmes, and pharmacy governance systems.
Outcome 2 (infection control and biosecurity): Comprehensive infection prevention and control systems are in place, including isolation facilities, surveillance, and active monitoring of hospital-acquired infection risks.
Outcome 3 (premises): Premises and facilities are purpose-built or adapted to support complex clinical care, including dedicated clinical areas, advanced equipment, and inpatient monitoring capabilities.
Outcome 4 (health and safety): A comprehensive organisational health and safety framework actively manages clinical risk, staff safety, and patient safety across all hospital operations.

Leadership The veterinary practice demonstrates proactive leadership and a culture of improvement
Outcome 5 (clinical governance): Hospital leadership implements comprehensive clinical governance systems including audit, incident reporting, outcome monitoring, and quality improvement programmes.
Outcome 6 (practice team): Leaders foster a culture of clinical excellence, collaboration, and innovation that supports high standards of patient care and professional development.
Outcome 7 (environmental sustainability): The hospital demonstrates leadership in environmental sustainability through measurable strategies to reduce environmental impact and resource consumption.

Client experience The veterinary hospital delivers high standards of communication, transparency, and patient-centred care
Outcome 8 (client experience): Clients receive detailed, evidence-based information regarding diagnostic and treatment options, expected outcomes, risks, and costs, supporting shared decision-making.
Outcome 9 (patient records): Clinical records are detailed, structured, and integrated across services to support multidisciplinary care, referral communication, and continuity of treatment.
Outcome 10 (out of hours): The hospital provides continuous nursing care and advanced clinical support for patients requiring critical treatment.

Outcome 11 (patient care): Patients and clients are supported throughout complex care pathways, including referral management, inpatient care, discharge planning, and ongoing communication with primary care practices.

Clinical services Clinical services provide advanced diagnostics, treatment, and patient care
Outcome 12 (anaesthesia): Anaesthesia services are supported by advanced monitoring, expertise, and comprehensive peri-operative care protocols for complex procedures.
Outcome 13 (dentistry): Dental services include advanced diagnostics and treatment options, supported by appropriate imaging and specialist equipment where required.
Outcome 14 (diagnostic imaging): Diagnostic imaging services provide high-quality imaging and interpretation, supported by trained personnel and appropriate radiation safety governance.
Outcome 15 (laboratory and clinical pathology): Laboratory services support rapid and reliable diagnostics through robust quality assurance systems and appropriate clinical oversight.
Outcome 16 (pain management and welfare): Advanced pain recognition and management strategies are integrated into all aspects of patient care, including peri-operative and chronic pain management.
Outcome 17 (surgery): Surgical services include the facilities, expertise, and clinical governance required to safely perform a wide range of complex surgical procedures.

SAFETY: The veterinary hospital delivers advanced patient safety through comprehensive governance and infrastructure

Outcome 1: Medicines management is supported by advanced prescribing protocols, audit, antimicrobial stewardship programmes, and pharmacy governance systems

1.3.1 The practice has at least one designated team member responsible for the running of the dispensary who has attended an appropriate dispensing course or completed sufficient training (at least 5 hrs) in the last four years

1.3.2 Dispensing procedures are subject to regular clinical audit

OUTCOME 2: Comprehensive infection prevention and control systems are in place, including isolation facilities, surveillance, and active monitoring of hospital-acquired infection risks

2.3.1 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

2.3.2 There must be a hand basin within each consulting room available for use by team members and clients

2.3.3 Vacuum autoclaves are compulsory for wrapped packs/drapes

2.3.4 The hospital implements both active and passive infection surveillance systems appropriate to the services provided

2.3.5 There must be a written protocol for risk based deep cleaning of all clinical areas

OUTCOME 3: Premises and facilities are purpose-built or adapted to support complex clinical care, including dedicated clinical areas, advanced equipment, and inpatient monitoring capabilities

3.3.1 The buildings must be constructed of brick, stonework, or other substantial materials. The premises must be suitably designed and constructed

3.3.2 The internal walls and floors of in-patient areas must be impervious so as to permit thorough cleansing and disinfection

3.3.3 Adequate temperature regulation must be available for comfort of team members and efficient functioning of equipment

3.3.4 Emergency lighting must be provided to allow the hospital to continue to function in the event of a power cut or electrical failure

3.3.5 Smoke detectors, which provide a warning in the residential accommodation, must be installed in the kennel area

3.3.6 The waiting area must be designed to encourage reasonable separation of dogs, cats and other predator/prey species, and nervous animals

3.3.7 There must be separate accommodation for hospital patients and animals being groomed

OUTCOME 4: A comprehensive organisational health and safety framework actively manages clinical risk, staff safety, and patient safety across all hospital operations

No VH health and safety standards – (all old module 16 ‘practice team standards’ have moved to outcome 6)

LEADERSHIP: The veterinary practice demonstrates proactive leadership and a culture of improvement

OUTCOME 5: Hospital leadership implements comprehensive clinical governance systems including audit, incident reporting, outcome monitoring, and quality improvement programmes

5.3.1 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

5.3.2 Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited

5.3.3 The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care

5.3.4 The practice demonstrates active participation in external benchmarking, recognised clinical data collection initiatives, or research programmes through the appropriate use or contribution of data to support quality improvement and the advancement of veterinary knowledge

OUTCOME 6: Leaders foster a culture of clinical excellence, collaboration, and innovation that supports high standards of patient care and professional development

6.3.1 A one-year CPD plan must be provided for the hospital team

6.3.2 The hospital must have at least two team members with a post-graduate qualification with a small animal component

OUTCOME 7: The hospital demonstrates leadership in environmental sustainability through measurable strategies to reduce environmental impact and resource consumption

No VH standards

CLIENT EXPERIENCE: The veterinary hospital delivers high standards of communication, transparency, and patient-centred care

OUTCOME 8: Clients receive detailed, evidence-based information regarding diagnostic and treatment options, expected outcomes, risks, and costs, supporting shared decision-making

8.3.1 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

8.3.2 A system is in place to provide continuity of care at all times

8.3.3 The practice must have a means of monitoring client perceptions and feedback

OUTCOME 9: Clinical records are detailed, structured, and integrated across services to support multidisciplinary care, referral communication, and continuity of treatment

9.3.1 Patient care must be clearly planned and recorded (such as through care plans or care bundles) in a format that is easily understood by the entire practice team. Wherever possible, standardised medical terminology should be used

OUTCOME 10: The hospital provides continuous nursing care and advanced clinical support for patients requiring critical treatment

10.3.1 Veterinary hospital can only outsource their out-of-hours provision to another Veterinary Hospital or an ESC

OUTCOME 11: Patients and clients are supported throughout complex care pathways, including referral management, inpatient care, discharge planning, and ongoing communication with primary care practices

11.3.1 The practice must have the ability to provide 24-hour in-patient care including intensive care

11.3.2 Appropriate nursing care is provided at all times

11.3.3 There must be an RVN onsite for all normal opening hours

11.3.4 A structured patient centred and conceptualised care approach to nursing care. All animals have a patient care plan

11.3.5 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

11.3.6 Team members should have access to appropriately trained and experienced team members to provide advice and back-up at all times

11.3.7 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

11.3.8 There must be a minimum of 6 kennels or cages for the hospitalisation of patients

11.3.9 There must be access to appropriate imaging and laboratory facilities at all times

11.3.10 The practice must have enhanced in-patient abilities and facilities

11.3.11 There must be a minimum of daily examination of all in-patients by a veterinary surgeon, which should be recorded on the patient records

11.3.12 There is a protocol / checklist in place to ensure that all relevant information is communicated at handover

CLINICAL SERVICES: Clinical services provide advanced diagnostics, treatment, and patient care

OUTCOME 12: Anaesthesia services are supported by advanced monitoring, expertise, and comprehensive peri-operative care protocols for complex procedures

12.3.1 There are a suitable number of monitoring devices as required for the normal CASEload and at least one multi-parameter monitoring device is available

12.3.2 A range of induction and maintenance agents, and equipment must be stocked to permit anaesthesia of all patients treated, including high risk patients

12.3.3 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

12.3.4 A vet or RVN is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered from anaesthesia

12.3.5 Training has been undertaken and facilities are available for comprehensive and enhanced anaesthetic monitoring

12.3.6 There is a designated area for induction separate from the theatre

12.3.7 The use of intravenous fluid therapy during anaesthesia for appropriate cases can be demonstrated

12.3.8 Patients are intubated or a supraglottic airway device is used to provide inhalational anaesthesia. There is a means of assisting ventilation, either manual or mechanical, available, which is used as needed

12.3.9 The practice has guidelines for the safe re-filling of anaesthetic vaporisers (e.g. a key-filling system)

12.3.10 The practice uses a checklist to identify the patient, procedure and current medication prior to premedication and induction

12.3.11 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

12.3.12 Anaesthetic procedures are subject to clinical audit

OUTCOME 13: Dental services include advanced diagnostics and treatment options, supported by appropriate imaging and specialist equipment where required

This module is not applicable for VHSA (no dentistry) accreditation

13.3.1 Magnification is available and used regularly

13.3.2 Local anaesthesia procedures are used for dental procedures

OUTCOME 14: Diagnostic imaging services provide high-quality imaging and interpretation, supported by trained personnel and appropriate radiation safety governance

14.3.1 The hospital must have enhanced radiography equipment

14.3.2 ECG equipment producing a recordable trace suitable for taking measurements is provided. The recordings must be suitably filed and stored

14.3.3 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

14.3.4 Equipment for the measurement of intraocular pressure must be available

OUTCOME 15: Laboratory services support rapid and reliable diagnostics through robust quality assurance systems and appropriate clinical oversight

15.3.1 The Hospital has the ability to obtain tests result on a 24 hour basis

15.3.2 There must be a nominated person in overall charge of the laboratory facilities

15.3.3 If advance lab testing is undertaken on site, adequately qualified team members to perform the test and analyse the results must be available

15.3.4 The Hospital must demonstrate a QI approach to its laboratory operations

OUTCOME 16: Advanced pain recognition and management strategies are integrated into all aspects of patient care, including peri-operative and chronic pain management

16.3.1 Local and regional anaesthesia is routinely used by the practice

16.3.2 Constant rate infusions (CRIs) of analgesic drugs are used

OUTCOME 17: Surgical services include the facilities, expertise, and clinical governance required to safely perform a wide range of complex surgical procedures

17.3.1 The theatre must be designed and laid out to ensure sterility and facilitate cleaning

17.3.2 Doorways must be sufficiently wide for access into theatre by trolleys

17.3.3 An operating table of adjustable height, and capable of holding the patient in a tilted position, must be provided in the operating theatre

17.3.4 “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

17.3.5 There must be a high standard of asepsis

17.3.6 Where a referral service is offered in a particular discipline there will be suitable surgical equipment appropriate to that discipline

17.3.7 Lighting suitable for the accurate illumination of surgical sites on the patient must continue to function in the event of a loss of power

END

Veterinary Hospital Small Animal

Supporting Guidance

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the veterinary hospital small animal accreditation

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the veterinary hospital small animal accreditation.

To meet the four outcomes, Practices must meet each of the standards under each outcome.

Pre- assessment document check list

1. Full audit cycle documentation (including outcomes) ☐
2. Client feedback analysis and actions ☐
3. Handover protocols (including OOH) ☐
4. Training records (e.g. dispensing course/ post grad qualifications) ☐
5. Theatre protocols ☐
6. Patient care plans ☐

Safety The veterinary hospital delivers advanced patient safety through comprehensive governance and infrastructure
Outcome 1 (medicines): Medicines management is supported by advanced prescribing protocols, audit, antimicrobial stewardship programmes, and pharmacy governance systems.
Outcome 2 (infection control and biosecurity): Comprehensive infection prevention and control systems are in place, including isolation facilities, surveillance, and active monitoring of hospital-acquired infection risks.
Outcome 3 (premises): Premises and facilities are purpose-built or adapted to support complex clinical care, including dedicated clinical areas, advanced equipment, and inpatient monitoring capabilities.
Outcome 4 (health and safety): A comprehensive organisational health and safety framework actively manages clinical risk, staff safety, and patient safety across all hospital operations.

Outcome 1: Medicines management is supported by advanced prescribing protocols, audit, antimicrobial stewardship programmes, and pharmacy governance systems

1.3.1 The practice has at least one designated team member responsible for the running of the dispensary who has attended an appropriate dispensing course or completed sufficient training (at least 5 hrs) in the last four years

Assessors will be checking:

a. That a staff member is nominated
b. Training records of this staff member

1.3.2 Dispensing procedures are subject to regular clinical audit

Assessors will be looking for:

a. Records of audits and outcomes

OUTCOME 2: Comprehensive infection prevention and control systems are in place, including isolation facilities, surveillance, and active monitoring of hospital-acquired infection risks

2.3.1 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

Assessors will be looking for:

a. The 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
b. Isolation policy
c. Team training on the policy

Useful links:
RCVS Knowledge

2.3.2 There must be a hand basin within each consulting room available for use by team members and clients

Assessors will be looking for:

a. Sinks in consult rooms

2.3.3 Vacuum autoclaves are compulsory for wrapped packs/drapes

Assessors will be looking for:

a. Autoclave
b. Sterile packs
c. Standardised approach to sterilisation

2.3.4 The hospital implements both active and passive infection surveillance systems appropriate to the services provided

Assessors will be looking for:

a. Infection rate audits
b. Measure taken as a result

c. Swabbing results if performed

2.3.5 There must be a written protocol for risk based deep cleaning of all clinical areas

Assessors will be looking for:

a. Protocol
b. Staff awareness and training of deep cleaning

OUTCOME 3: Premises and facilities are purpose-built or adapted to support complex clinical care, including dedicated clinical areas, advanced equipment, and inpatient monitoring capabilities

3.3.1 The buildings must be constructed of brick, stonework, or other substantial materials. The premises must be suitably designed and constructed

Assessors will be looking for:

a. Premises are suitable

3.3.2 The internal walls and floors of in-patient areas must be impervious so as to permit thorough cleansing and disinfection

Assessors will be looking for:

a. Clean surfaces
b. Clean clinical areas that are made of robust materials
c. The join between the floor and the wall must have a curved finish to aid cleaning, with the coving being carried up the wall
d. 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)

3.3.3 Adequate temperature regulation must be available for comfort of team members and efficient functioning of equipment

Assessors will be looking for:

a. Adequate facilities such as air con and heating available (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
b. Temperature records

3.3.4 Emergency lighting must be provided to allow the hospital to continue to function in the event of a power cut or electrical failure

Assessors will be looking for:

a. Contingency plan for loss of power
b. Team awareness of this plan
c. Emergency lighting

3.3.5 Smoke detectors, which provide a warning in the residential accommodation, must be installed in the kennel area

Assessors will be looking for:

a. Detectors are functioning and tested
b. Placed in the kennel areas or any other patient areas

3.3.6 The waiting area must be designed to encourage reasonable separation of dogs, cats and other predator/prey species, and nervous animals

Assessors will be looking for:

a. Species segregation in the waiting area

3.3.7 There must be separate accommodation for hospital patients and animals being groomed

Assessors will be looking for:

a. Wards and grooming areas

OUTCOME 4: A comprehensive organisational health and safety framework actively manages clinical risk, staff safety, and patient safety across all hospital operations

No VH health and safety standards – (all old module 16 ‘practice team standards’ have moved to outcome 6)

Leadership The veterinary practice demonstrates proactive leadership and a culture of improvement
Outcome 5 (clinical governance): Hospital leadership implements comprehensive clinical governance systems including audit, incident reporting, outcome monitoring, and quality improvement programmes.
Outcome 6 (practice team): Leaders foster a culture of clinical excellence, collaboration, and innovation that supports high standards of patient care and professional development.

Outcome 7 (environmental sustainability): The hospital demonstrates leadership in environmental sustainability through measurable strategies to reduce environmental impact and resource consumption.

Recommended reading resources

RCVS Knowledge Resource Pack.pdf

OUTCOME 5: Hospital leadership implements comprehensive clinical governance systems including audit, incident reporting, outcome monitoring, and quality improvement programmes

5.3.1 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

Assessors will be looking for:

a. Clinical discussions to be ongoing, or at least monthly as a minimum, and would ideally be face-to-face
b. Evidence of changes made as a result of such meetings
c. Open, honest discussions with clear actions and no barriers to feedback

Useful links:
Quality improvement - RCVS

5.3.2 Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited

Assessors will be looking for:

a. Evidence that some commonly used procedures are audited and that any changes required are implemented.

5.3.3 The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care

Assessors will be looking for:

a. Evidence of monthly meetings as a minimum these do not necessarily need to be face-to-face)
b. Minutes of meetings and evidence and impact of change
c. Evidence of monitoring to assess whether that change has led to an improvement

5.3.4 The practice demonstrates active participation in external benchmarking, recognised clinical data collection initiatives, or research programmes through the appropriate use or contribution of data to support quality improvement and the advancement of veterinary knowledge

Assessors will be looking for:

a. The team contributing data towards undergraduate projects or clinical data to organised multicentre studies for potential publication

Useful links:
Veterinary Evidence - RCVS
Audits, benchmarks and registries - RCVS
VetCompass - RVC
Small Animal Veterinary Surveillance Network – Liverpool University

OUTCOME 6: Leaders foster a culture of clinical excellence, collaboration, and innovation that supports high standards of patient care and professional development

6.3.1 A one-year CPD plan must be provided for the hospital team

Assessors will be looking for:

a. The development policy
b. Team awareness of the policy
c. That clinical and on-clinical team members can describe how they can access activities appropriate to them

OUTCOME 6: Leaders foster a culture of clinical excellence, collaboration, and innovation that supports high standards of patient care and professional development

6.3.2 The hospital must have at least two team members with a post-graduate qualification with a small animal component

Where practices have a team member leave, they may retain their accreditation for a maximum of 12 months post assessment whilst recruiting.

Assessors will be looking for:

a. Evidence of at least two team members and should total 1 FTE equivalent basis. (This can be met by employees or by visiting vets, with contracts to provide specific services on the premises.)
b. The surgery component should be relevant to the work carried out at the premises.

OUTCOME 7: The hospital demonstrates leadership in environmental sustainability through measurable strategies to reduce environmental impact and resource consumption

No VH standards

Client experience The veterinary hospital delivers high standards of communication, transparency, and patient-centred care
Outcome 8 (client experience): Clients receive detailed, evidence-based information regarding diagnostic and treatment options, expected outcomes, risks, and costs, supporting shared decision-making.
Outcome 9 (patient records): Clinical records are detailed, structured, and integrated across services to support multidisciplinary care, referral communication, and continuity of treatment.
Outcome 10 (out of hours): The hospital provides continuous nursing care and advanced clinical support for patients requiring critical treatment.
Outcome 11 (patient care): Patients and clients are supported throughout complex care pathways, including referral management, inpatient care, discharge planning, and ongoing communication with primary care practices.

OUTCOME 8: Clients receive detailed, evidence-based information regarding diagnostic and treatment options, expected outcomes, risks, and costs, supporting shared decision-making

8.3.1 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

Assessors will be looking for:

a. Evidence of a record of the feedback and where appropriate investigation and action as a result
b. Assessors will speak to team members to understand better the attitude towards clients
c. It should be evident in discussion that complaints are seen as a positive way to engage with clients

8.3.2 A system is in place to provide continuity of care at all times

Assessors will be looking for:

a. There is a written protocol

b. A named RCVS regulated professional responsible for the care and is identifiable at all times
c. Handover process

8.3.3 The practice must have a means of monitoring client perceptions and feedback

Assessors will be looking for:

a. A consistent and systematic approach to gathering feedback and evidence of analysis and actions taken

OUTCOME 9: Clinical records are detailed, structured, and integrated across services to support multidisciplinary care, referral communication, and continuity of treatment

9.3.1 Patient care must be clearly planned and recorded (such as through care plans or care bundles) in a format that is easily understood by the entire practice team. Wherever possible, standardised medical terminology should be used

Assessors will be looking for:

a. Patient care plans or care bundles

OUTCOME 10: The hospital provides continuous nursing care and advanced clinical support for patients requiring critical treatment

10.3.1 Veterinary hospital can only outsource their out-of-hours provision to another Veterinary Hospital or an ESC

Assessors will be looking for:

a. OOH provider is a member and accredited with PSS

OUTCOME 11: Patients and clients are supported throughout complex care pathways, including referral management, inpatient care, discharge planning, and ongoing communication with primary care practices

11.3.1 The practice must have the ability to provide 24-hour in-patient care including intensive care

Assessors will be looking for:

a. Team rotas
b. There is a protocol / checklist in place to ensure that all relevant information is communicated at handover.

c. There must be a minimum of daily examination of all in-patients by a veterinary surgeon, which should be recorded on the patient records.

11.3.2 Appropriate nursing care is provided at all times

Assessors will be looking for:

a. Nursing team rotas

11.3.3 There must be an RVN onsite for all normal opening hours

Assessors will be looking for:

a. Nursing team rotas

11.3.4 A structured patient centred and conceptualised care approach to nursing care. All animals have a patient care plan

Assessors will be looking for:

a. Patient care pans
b. Patient records

11.3.5 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

Assessors will be looking for:

a. Team rotas

11.3.6 Team members should have access to appropriately trained and experienced team members to provide advice and back-up at all times

Assessors will be looking for:

a. Team rotas
b. Conversations with junior members of staff

11.3.7 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

Assessors will be looking for:

a. Separate species wards

11.3.8 There must be a minimum of 6 kennels or cages for the hospitalisation of patients

Assessors will be looking for:

a. Towels, blankets or acrylic bedding materials must be provided
b. The kennels or cages, and their fittings, must be made of non-permeable materials so as to be easily cleaned and disinfected
c. 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
d. At least one cage must be of the walk in type
e. Newspaper alone is not considered a suitable material for overnight stay patients

11.3.9 There must be access to appropriate imaging and laboratory facilities at all times

Assessors will be looking for:

a. There must be access to appropriate imaging at all times
b. There must be access to laboratory facilities at all times

11.3.10 The practice must have enhanced in-patient abilities and facilities

Assessor will be looking for:

a. Enhanced facilities to undertake blood transfusions
b. Enhanced facilities for maintaining body temperature e.g. Bair hugger/incubator
c. Enhanced facilities for providing oxygen e.g. oxygen tent (including a humidifier)
d. Enhanced facilities for neonatal care must be provided (this should include heat, oxygen provision, glucose provision and airway suction)

11.3.11 There must be a minimum of daily examination of all in-patients by a veterinary surgeon, which should be recorded on the patient records

Assessor will be looking for:

a. Team rotas

11.3.12 There is a protocol / checklist in place to ensure that all relevant information is communicated at handover

Clinical services Clinical services provide advanced diagnostics, treatment, and patient care
Outcome 12 (anaesthesia): Anaesthesia services are supported by advanced monitoring, expertise, and comprehensive peri-operative care protocols for complex procedures.

Outcome 13 (dentistry): Dental services include advanced diagnostics and treatment options, supported by appropriate imaging and specialist equipment where required.
Outcome 14 (diagnostic imaging): Diagnostic imaging services provide high-quality imaging and interpretation, supported by trained personnel and appropriate radiation safety governance.
Outcome 15 (laboratory and clinical pathology): Laboratory services support rapid and reliable diagnostics through robust quality assurance systems and appropriate clinical oversight.
Outcome 16 (pain management and welfare): Advanced pain recognition and management strategies are integrated into all aspects of patient care, including peri-operative and chronic pain management.
Outcome 17 (surgery): Surgical services include the facilities, expertise, and clinical governance required to safely perform a wide range of complex surgical procedures.

OUTCOME 12: Anaesthesia services are supported by advanced monitoring, expertise, and comprehensive peri-operative care protocols for complex procedures

12.3.1 There are a suitable number of monitoring devices as required for the normal caseload and at least one multi-parameter monitoring device is available

Assessors will be looking for:

a. At least 1 parameter is available
b. Equipment matches workload

12.3.2 A range of induction and maintenance agents, and equipment must be stocked to permit anaesthesia of all patients treated, including high risk patients

Assessors will be looking for:

a. Agents available
b. There are masks available in a suitable range of sizes, which are cleaned and disinfected after every use
c. Endotracheal tubes and breathing systems must be cleaned and stored appropriately.

12.3.3 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

Assessors will be looking for:

a. CPD records

12.3.4 A vet or RVN is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered from anaesthesia

Assessors will be looking for:

a. Patient charts
b. Discussion with team members
c. Team rotas

12.3.5 Training has been undertaken and facilities are available for comprehensive and enhanced anaesthetic monitoring

Assessor will be looking for:

a. Available equipment and trained staff for monitoring cardiac rhythm and rate
b. Available equipment and trained staff for monitoring end tidal carbon dioxide
c. Available equipment and trained staff for monitoring respiratory rate
d. Available equipment and trained staff for monitoring blood oxygen saturation
e. Available equipment and trained staff for monitoring blood pressure
f. Available equipment and trained staff for local anaesthetic techniques
g. Available equipment and trained staff in CPCR of veterinary patients
h. Steps are taken to maintain normal body temperature
i. Body temperature is monitored at appropriate intervals
j. An active means of safely maintaining body temperature during surgical procedures is available and is used appropriately

12.3.6 There is a designated area for induction separate from the theatre

Assessor will be looking for:

a. Premises have separate theatre and prep area
b. Appropriate ventilation in recovery areas

12.3.7 The use of intravenous fluid therapy during anaesthesia for appropriate cases can be demonstrated

Assessor will be looking for:

a. Patients have intravenous catheters in place during general anaesthetic and/or sedation for at least ASA categories 2-5

12.3.8 Patients are intubated or a supraglottic airway device is used to provide inhalational anaesthesia. There is a means of assisting ventilation, either manual or mechanical, available, which is used as needed

Assessor will be looking for:

a. An awareness of appropriate techniques
b. There may be exceptional circumstances where the size, anatomy or species of the patient precludes this
c. The practice must be able to demonstrate that team members have been adequately trained in IPPV

12.3.9 The practice has guidelines for the safe re-filling of anaesthetic vaporisers (e.g. a key-filling system)

Assessor will be looking for:

a. Written guidelines
b. Team awareness of guidelines

12.3.10 The practice uses a checklist to identify the patient, procedure and current medication prior to premedication and induction

Assessor will be looking for:

a. GA safety checklist
b. Checklist used routinely

12.3.11 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

Assessor will be looking for:

a. Patient records, anaesthetic monitoring forms

12.3.12 Anaesthetic procedures are subject to clinical audit

Assessor will be looking for:

a. Examples of previous anaesthetic procedures audits
b. Any changes implemented as a result to audit outcomes

OUTCOME 13: Dental services include advanced diagnostics and treatment options, supported by appropriate imaging and specialist equipment where required

This module is not applicable for VHSA (no dentistry) accreditation

13.3.1 Magnification is available and used regularly

Assessors will be looking for:

a. Adequate magnifying equipment specific for dental procedures

13.3.2 Local anaesthesia procedures are used for dental procedures

Assessors will be looking for:

a. Dental patient records
b. Team training and awareness of local anaesthesia technique sin dentistry

OUTCOME 14: Diagnostic imaging services provide high-quality imaging and interpretation, supported by trained personnel and appropriate radiation safety governance

14.3.1 The hospital must have enhanced radiography equipment

Assessors will be looking for:

a. Screen film combinations or digital systems to minimise radiographic exposure while providing the necessary level of detail must be used
b. Measuring callipers, or other suitable devices, must be available to determine accurately the depth of the part being radiographed, and this should be recorded
c. A range of contrast examinations and a suitable range of contrast material must be available
d. The sole use of self-adhesive labels for the identification of hard-copy radiographs is not acceptable. Hard-copy radiographs should be permanently identified at the time of the exposure

14.3.2 ECG equipment producing a recordable trace suitable for taking measurements is provided. The recordings must be suitably filed and stored

Assessors will be looking for:

a. Equipment is maintained and ready for use on the premises
b. Staff are trained and competent to use equipment
c. The recordings must be suitably filed and stored

14.3.3 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

Assessors will be looking for:

a. Equipment is maintained and ready for use on the premises
b. Staff are trained and competent to use equipment
c. A pair of endoscopy biopsy forceps is available, compatible with the equipment available

14.3.4 Equipment for the measurement of intraocular pressure must be available

Assessors will be looking for:

a. Equipment is maintained and ready for use on the premises
b. Staff are trained and competent to use equipment

OUTCOME 15: Laboratory services support rapid and reliable diagnostics through robust quality assurance systems and appropriate clinical oversight

15.3.1 The Hospital has the ability to obtain tests result on a 24 hour basis

Assessors will be looking for:

a. Evidence of 24-hour lab equipment use available
b. The in-house lab it must be a separate designated and demarked space
c. If haematology machine are required (or even just present and being used) then the practice should be able to demonstrate it has staff competent in blood smear review to check machine outputs and particularly understand the limitations of their equipment
d. The following equipment must be provided on the premises:
    a. a biochemistry analyser on site
    b. an electrolyte analyser on site
    c. a haematology analyser on site

15.3.2 There must be a nominated person in overall charge of the laboratory facilities

Assessors will be looking for:

a. Designated team member
b. This may be a person working part time

15.3.3 If advance lab testing is undertaken on site, adequately qualified team members to perform the test and analyse the results must be available

Assessors will be looking for:

a. Designated lab team member
b. Team rotas

15.3.4 The Hospital must demonstrate a QI approach to its laboratory operations

Assessors will be looking for:

a. Consider using recognised QI methodology
b. Consideration could be given to pre-analytical, analytical and post-analytical error

OUTCOME 16: Advanced pain recognition and management strategies are integrated into all aspects of patient care, including peri-operative and chronic pain management

16.3.1 Local and regional anaesthesia is routinely used by the practice

Assessors will be looking for:

a. Patient records
b. Discussion with team members
c. Pain guidelines

16.3.2 Constant rate infusions (CRIs) of analgesic drugs are used

Assessors will be looking for:

a. Patient records

OUTCOME 17: Surgical services include the facilities, expertise, and clinical governance required to safely perform a wide range of complex surgical procedures

17.3.1 The theatre must be designed and laid out to ensure sterility and facilitate cleaning

Assessors will be looking for:

a. Minimal equipment stored in theatre
b. At least one operating theatre of adequate size must be provided and used only for the conduct of surgical operations.
c. Any storage should include flat cupboard door fronts.

17.3.2 Doorways must be sufficiently wide for access into theatre by trolleys

Assessors will be looking for:

a. Demonstration of trolley passing through theatre doors

17.3.3 An operating table of adjustable height, and capable of holding the patient in a tilted position, must be provided in the operating theatre

Assessors will be looking for:

a. Operating table demonstration

17.3.4 “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

Assessors will be looking for:

a. Hands free scrub sink located outside of theatre but with easy access to theatre

17.3.5 There must be a high standard of asepsis

Assessors will be looking for:

a. Closed gloving, gowns, hats, masks and dedicated footwear must be used during aseptic procedures
b. All those present in theatre must wear scrub suits and hats in theatre
c. No outdoor shoes or clothing are allowed
d. Consideration must be given to the order in which procedures are undertaken, with those most likely to introduce contamination being done last

17.3.6 Where a referral service is offered in a particular discipline there will be suitable surgical equipment appropriate to that discipline

Assessors will be looking for:

a. Electrosurgery and suction must be available for surgical use and are used appropriately
b. Orthopaedic operations must be performed as the only procedure in theatre (at any one time)
c. Assessors will expect to see equipment checklists, evidence of clinical audit and case records

17.3.7 Lighting suitable for the accurate illumination of surgical sites on the patient must continue to function in the event of a loss of power

Assessors will be looking for:

a. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure
b. Good quality head torches are acceptable as a source of light during interrupted power though they need to be immediately available and charged
c. SOP for their use available
d. Assessor awareness of contingency plans during power outage (link to core)

END

RCVS
Inspiring confidence in veterinary care

Equine Veterinary Hospital Standards

The four framework areas and the outcomes to be met:

Safety The veterinary hospital delivers advanced patient safety through comprehensive governance and infrastructure
Outcome 1 (medicines): Medicines management is supported by advanced prescribing protocols, audit, antimicrobial stewardship programmes, and pharmacy governance systems.
Outcome 2 (infection control and biosecurity): Comprehensive infection prevention and control systems are in place, including isolation facilities, surveillance, and active monitoring of hospital-acquired infection risks.
Outcome 3 (premises): Premises and facilities are purpose-built or adapted to support complex clinical care, including dedicated clinical areas, advanced equipment, and inpatient monitoring capabilities.
Outcome 4 (health and safety): A comprehensive organisational health and safety framework actively manages clinical risk, staff safety, and patient safety across all hospital operations.

Leadership The veterinary practice demonstrates proactive leadership and a culture of improvement
Outcome 5 (clinical governance): Hospital leadership implements comprehensive clinical governance systems including audit, incident reporting, outcome monitoring, and quality improvement programmes.
Outcome 6 (practice team): Leaders foster a culture of clinical excellence, collaboration, and innovation that supports high standards of patient care and professional development.
Outcome 7 (environmental sustainability): The hospital demonstrates leadership in environmental sustainability through measurable strategies to reduce environmental impact and resource consumption.

Client experience The veterinary hospital delivers high standards of communication, transparency, and patient-centred care
Outcome 8 (client experience): Clients receive detailed, evidence-based information regarding diagnostic and treatment options, expected outcomes, risks, and costs, supporting shared decision-making.
Outcome 9 (patient records): Clinical records are detailed, structured, and integrated across services to support multidisciplinary care, referral communication, and continuity of treatment.
Outcome 10 (out of hours): The hospital provides continuous nursing care and advanced clinical support for patients requiring critical treatment.

Outcome 11 (patient care): Patients and clients are supported throughout complex care pathways, including referral management, inpatient care, discharge planning, and ongoing communication with primary care practices.

Clinical services Clinical services provide advanced diagnostics, treatment, and patient care
Outcome 12 (anaesthesia): Anaesthesia services are supported by advanced monitoring, expertise, and comprehensive peri-operative care protocols for complex procedures.
Outcome 13 (dentistry): Dental services include advanced diagnostics and treatment options, supported by appropriate imaging and specialist equipment where required.
Outcome 14 (diagnostic imaging): Diagnostic imaging services provide high-quality imaging and interpretation, supported by trained personnel and appropriate radiation safety governance.
Outcome 15 (laboratory and clinical pathology): Laboratory services support rapid and reliable diagnostics through robust quality assurance systems and appropriate clinical oversight.
Outcome 16 (pain management and welfare): Advanced pain recognition and management strategies are integrated into all aspects of patient care, including peri-operative and chronic pain management.
Outcome 17 (surgery): Surgical services include the facilities, expertise, and clinical governance required to safely perform a wide range of complex surgical procedures.

SAFETY: The veterinary hospital delivers advanced patient safety through comprehensive governance and infrastructure

Outcome 1: Medicines management is supported by advanced prescribing protocols, audit, antimicrobial stewardship programmes, and pharmacy governance systems

1.3.1 The practice has at least one designated team member responsible for the running of the dispensary who has attended an appropriate dispensing course or completed sufficient training (at least 5 hrs) in the last four years

1.3.2 Dispensing procedures are subject to regular clinical audit

OUTCOME 2: Comprehensive infection prevention and control systems are in place, including isolation facilities, surveillance, and active monitoring of hospital-acquired infection risks

2.3.1. 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

2.3.2 Vacuum autoclaves are compulsory for wrapped packs/drapes

2.3.3 The hospital implements both active and passive infection surveillance systems appropriate to the services provided

2.3.4 There must be a written protocol for risk based deep cleaning of all clinical areas

2.3.5 Ethylene oxide sterilisation must be available and used

OUTCOME 3: Premises and facilities are purpose-built or adapted to support complex clinical care, including dedicated clinical areas, advanced equipment, and inpatient monitoring capabilities

3.3.1 The buildings must be constructed of brick, stonework, or other substantial materials. The premises must be suitably designed and constructed

3.3.2 The internal walls and floors of in-patient areas must be impervious so as to permit thorough cleansing and disinfection

3.3.3 Adequate temperature regulation must be available for comfort of team members and efficient functioning of equipment

3.3.4 Emergency lighting must be provided to allow the hospital to continue to function in the event of a power cut or electrical failure

OUTCOME 4: A comprehensive organisational health and safety framework actively manages clinical risk, staff safety, and patient safety across all hospital operations

No VH health and safety standards – (all old module 16 ‘practice team standards’ have moved to outcome 6)

LEADERSHIP: The veterinary practice demonstrates proactive leadership and a culture of improvement

OUTCOME 5: Hospital leadership implements comprehensive clinical governance systems including audit, incident reporting, outcome monitoring, and quality improvement programmes

5.3.1 Regular morbidity and mortality meetings and significant event meetings must be held to discuss the outcome of clinical cases. There are records of discussion and changes made in light of these meetings

5.3.2 Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited periodically

5.3.3 The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care

5.3.4 The practice demonstrates active participation in external benchmarking, recognised clinical data collection initiatives, or research programmes through the appropriate use or contribution of data to support quality improvement and the advancement of veterinary knowledge

OUTCOME 6: Leaders foster a culture of clinical excellence, collaboration, and innovation that supports high standards of patient care and professional development

6.3.1 A one-year CPD plan must be provided for the hospital team

6.3.2 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

OUTCOME 7: The hospital demonstrates leadership in environmental sustainability through measurable strategies to reduce environmental impact and resource consumption

No VH standards

CLIENT EXPERIENCE: The veterinary hospital delivers high standards of communication, transparency, and patient-centred care

OUTCOME 8: Clients receive detailed, evidence-based information regarding diagnostic and treatment options, expected outcomes, risks, and costs, supporting shared decision-making

8.3.1 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

8.3.2 A system is in place to provide continuity of care at all times

8.3.3 The practice must have a means of monitoring client perceptions and feedback

OUTCOME 9: Clinical records are detailed, structured, and integrated across services to support multidisciplinary care, referral communication, and continuity of treatment

9.3.1 Patient care must be clearly planned and recorded (such as through care plans or care bundles) in a format that is easily understood by the entire practice team. Wherever possible, standardised medical terminology should be used

OUTCOME 10: The hospital provides continuous nursing care and advanced clinical support for patients requiring critical treatment

10.3.1 The practice must provide out-of-hours cover at the hospital premises

OUTCOME 11: Patients and clients are supported throughout complex care pathways, including referral management, inpatient care, discharge planning, and ongoing communication with primary care practices

11.3.1 The practice must have the ability to provide 24-hour in-patient care including intensive care

11.3.2 Appropriate nursing care is provided at all times

11.3.3 There must be an RVN onsite for all normal opening hours

11.3.4 A structured patient centred and conceptualised care approach to nursing care. All animals have a patient care plan

11.3.5 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

11.3.6 Team members should have access to appropriately trained and experienced team members to provide advice and back-up at all times

11.3.7 The practice must have sufficient hospital inpatient facilities with a minimum of 6 stables

11.3.8 The practice must have an all-weather exercise area is available on site

11.3.9 The practice must have appropriate designated areas for lameness diagnostic investigation and examination

11.3.10 The hospital must have facilities for appropriate examination and treatment of inpatients

11.3.11 The hospital must have access to appropriate diagnostic facilities appropriate to the caseload and trained team members to perform them at all times

11.3.12 The practice should have appropriate equipment to manage fluid therapy effectively and accurately

11.3.13 The practice team must have a robust communication system to ensure handover of all in-patients to ensure continuity of care

11.3.14 Patient care must be clearly planned and recorded (such as through care plans or care bundles) in a format that is easily understood by the entire practice team. Wherever possible, standardised medical terminology should be used

11.3.15 The practice has a weigh bridge and accurate weights are recorded for all inpatients

11.3.16 Body condition score is recorded using a recognised, peer-reviewed standardised system in appropriate clinical conditions

CLINICAL SERVICES: Clinical services provide advanced diagnostics, treatment, and patient care

OUTCOME 12: Anaesthesia services are supported by advanced monitoring, expertise, and comprehensive peri-operative care protocols for complex procedures

12.3.1 An MRCVS is dedicated to monitoring the condition of each anaesthetised patient until fully recovered

12.3.2 A hospital must have the equipment to maintain safe and continuous gaseous anaesthesia, the equipment must be checked daily, and all staff trained to use the equipment

12.3.3 Monitoring equipment for blood gases must be available in the vicinity of the anaesthetised patient

12.3.4 There must be a provision for performing aseptic intra-operative radiography

12.3.5 Anaesthetic equipment must be checked before use on a daily basis

OUTCOME 13: Dental services include advanced diagnostics and treatment options, supported by appropriate imaging and specialist equipment where required

13.3.1 Motorised dental equipment and evidence of training in their use must be available

13.3.2 The practice must have stocks available for dental procedures

13.3.3 The practice can demonstrate access to and appropriate use of a range of spreaders, molar extraction forceps and pressurised diastema flushing device during oral dental/surgical procedures performed including extraction

OUTCOME 14: Diagnostic imaging services provide high-quality imaging and interpretation, supported by trained personnel and appropriate radiation safety governance

14.3.1 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 and stifle

14.3.2 Diagnostic ultrasound equipment suitable for musculoskeletal, thoracic, cardiac and abdominal imaging is available

14.3.3 If CT, MRI and/ or nuclear scintigraphy are performed by the practice, they are taken in a competent and safe manner

14.3.4 Telemetric ECG equipment producing a recordable trace suitable for taking measurements is provided

14.3.5 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

14.3.6 Equipment for the measurement of intraocular pressure must be available

OUTCOME 15: Laboratory services support rapid and reliable diagnostics through robust quality assurance systems and appropriate clinical oversight.

15.3.1 The Hospital has the ability to obtain tests result on a 24 hour basis

15.3.2 There must be a nominated person in overall charge of the laboratory facilities

15.3.3 If advance lab testing is undertaken on site, adequately qualified team members to perform the test and analyse the results must be available

15.3.4 The Hospital must demonstrate a QI approach to its laboratory operations

15.3.5 Facilities must be available for bone marrow aspiration

OUTCOME 16: Advanced pain recognition and management strategies are integrated into all aspects of patient care, including peri-operative and chronic pain management

16.3.1 Pain scoring 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

16.3.2 Appropriate interventions against pain are provided for patients in response to pain assessments/pain scores

16.3.3 Members of the clinical team have received specific training/undertaken appropriate CPD on recognising pain in horses

OUTCOME 17: Surgical services include the facilities, expertise, and clinical governance required to safely perform a wide range of complex surgical procedures

17.3.1 At least one operating theatre of adequate size must be provided and used only for the conduct of surgical operations

17.3.2 Lighting suitable for the accurate illumination of surgical sites on the patient must continue to function in the event of a loss of power

17.3.3 A preparation room must be provided separate from the operating theatre for the pre-operative preparation of surgical patients

17.3.4 There must be a high standard of asepsis

17.3.5 Suitable surgical instruments must be available for the range of surgical procedures undertaken

17.3.6 The practice team regularly follow up of all surgical cases

END

Veterinary Hospital Equine

Supporting Guidance

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the veterinary hospital equine accreditation

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the veterinary hospital equine accreditation.

To meet the four outcomes, Practices must meet each of the standards under each outcome.

Pre- assessment document check list

1. Full audit cycle documentation (including outcomes) ☐
2. Client feedback analysis and actions ☐
3. Handover protocols (including OOH) ☐
4. Training records (e.g. dispensing course/ post grad qualifications) ☐
5. Theatre protocols ☐
6. Patient care plans ☐

Safety The veterinary hospital delivers advanced patient safety through comprehensive governance and infrastructure
Outcome 1: Medicines management is supported by advanced prescribing protocols, audit, antimicrobial stewardship programmes, and pharmacy governance systems.
Outcome 2: Comprehensive infection prevention and control systems are in place, including isolation facilities, surveillance, and active monitoring of hospital-acquired infection risks.
Outcome 3: Premises and facilities are purpose-built or adapted to support complex clinical care, including dedicated clinical areas, advanced equipment, and inpatient monitoring capabilities.
Outcome 4: A comprehensive organisational health and safety framework actively manages clinical risk, staff safety, and patient safety across all hospital operations.

Outcome 1: Medicines management is supported by advanced prescribing protocols, audit, antimicrobial stewardship programmes, and pharmacy governance systems

1.3.1 The practice has at least one designated team member responsible for the running of the dispensary who has attended an appropriate dispensing course or completed sufficient training (at least 5 hrs) in the last four years

Assessors will be checking:

a. That a staff member is nominated
b. Training records of this staff member

1.3.2 Dispensing procedures are subject to regular clinical audit

Assessors will be looking for:

a. Records of audits and outcomes

OUTCOME 2: Comprehensive infection prevention and control systems are in place, including isolation facilities, surveillance, and active monitoring of hospital-acquired infection risks

2.3.1. 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

Assessors will be looking for:

a. 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
b. 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. The walls and floors should be easily cleanable
c. 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
d. Isolation policy
e. Team training on the policy

Useful links:
RCVS Knowledge

2.3.2 Vacuum autoclaves are compulsory for wrapped packs/drapes

Assessors will be looking for:

a. Autoclave
b. Sterile packs
c. Standardised approach to sterilisation

2.3.3 The hospital implements both active and passive infection surveillance systems appropriate to the services provided

Assessors will be looking for:

a. Infection rate audits
b. Measure taken as a result
c. Swabbing results if performed

2.3.4 There must be a written protocol for risk based deep cleaning of all clinical areas

Assessors will be looking for:

a. Written protocol that is accessible to team members
b. Staff awareness and training of deep cleaning

2.3.5 Ethylene oxide sterilisation must be available and used

Assessors will be looking for:

a. Evidence of adequate training of team members
b. Evidence of adequate monitoring of exposure

OUTCOME 3: Premises and facilities are purpose-built or adapted to support complex clinical care, including dedicated clinical areas, advanced equipment, and inpatient monitoring capabilities

3.3.1 The buildings must be constructed of brick, stonework, or other substantial materials. The premises must be suitably designed and constructed

Assessors will be looking for:

a. Premises are suitable

3.3.2 The internal walls and floors of in-patient areas must be impervious so as to permit thorough cleansing and disinfection

Assessors will be looking for:

a. Clean surfaces
b. Clean clinical areas that are made of robust materials

3.3.3 Adequate temperature regulation must be available for comfort of team members and efficient functioning of equipment

Assessors will be looking for:

a. Adequate facilities such as air con and heating available (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)
b. Temperature records

3.3.4 Emergency lighting must be provided to allow the hospital to continue to function in the event of a power cut or electrical failure

Assessors will be looking for:

a) Contingency plan for loss of power
b) Team awareness of this plan
c) Emergency lighting

OUTCOME 4: A comprehensive organisational health and safety framework actively manages clinical risk, staff safety, and patient safety across all hospital operations

No VH health and safety standards – (all old module 16 'practice team standards' have moved to outcome 6)

Leadership The veterinary practice demonstrates proactive leadership and a culture of improvement
Outcome 5 (clinical governance): Hospital leadership implements comprehensive clinical governance systems including audit, incident reporting, outcome monitoring, and quality improvement programmes.
Outcome 6 (practice team): Leaders foster a culture of clinical excellence, collaboration, and innovation that supports high standards of patient care and professional development.
Outcome 7 (environmental sustainability): The hospital demonstrates leadership in environmental sustainability through measurable strategies to reduce environmental impact and resource consumption.

Useful links:
RCVS Knowledge

OUTCOME 5: Hospital leadership implements comprehensive clinical governance systems including audit, incident reporting, outcome monitoring, and quality improvement programmes

5.3.1 Regular morbidity and mortality meetings and significant event meetings must be held to discuss the outcome of clinical cases. There are records of discussion and changes made in light of these meetings

Assessors will be looking for:

a. Clinical discussions to be ongoing, or at least monthly as a minimum, and would ideally be face-to-face.
b. Evidence of changes made as a result of such meetings
c. Open, honest discussions with clear actions and no barriers to feedback

Useful links:
Quality improvement - RCVS

5.3.2 Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited periodically

Assessors will be looking for:

a. Evidence that some commonly used procedures are audited and that any changes required are implemented

5.3.3 The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care

Assessors will be looking for:

a. Evidence of monthly meetings as a minimum these do not necessarily need to be face-to-face.)
b. Minutes of meetings and evidence and impact of change
c. Evidence of monitoring to assess whether that change has led to an improvement

5.3.4 The practice demonstrates active participation in external benchmarking, recognised clinical data collection initiatives, or research programmes through the appropriate use or contribution of data to support quality improvement and the advancement of veterinary knowledge

Assessors will be looking for:

a. The team contributing data towards undergraduate projects or clinical data to organised multicentre studies for potential publication

Useful links:
Veterinary Evidence - RCVS
Audits, benchmarks and registries - RCVS
VetCompass - RVC

OUTCOME 6: Leaders foster a culture of clinical excellence, collaboration, and innovation that supports high standards of patient care and professional development

6.3.1 A one-year CPD plan must be provided for the hospital team

Assessors will be looking for:

a. The development policy
b. Team awareness of the policy
c. That clinical and on-clinical team members can describe how they can access activities appropriate to them

6.3.2 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

Where practices have a team member leave, they may retain their accreditation for a maximum of 12 months post assessment whilst recruiting.

Assessors will be looking for:

a. Evidence of at least two team members and should total 1 FTE equivalent basis. (This can be met by employees or by visiting vets, with contracts to provide specific services on the premises)
b. The surgery component should be relevant to the work carried out at the premises

OUTCOME 7: The hospital demonstrates leadership in environmental sustainability through measurable strategies to reduce environmental impact and resource consumption

No VH standards

Client experience The veterinary hospital delivers high standards of communication, transparency, and patient-centred care
Outcome 8 (client experience): Clients receive detailed, evidence-based information regarding diagnostic and treatment options, expected outcomes, risks, and costs, supporting shared decision-making.

Outcome 9 (patient records): Clinical records are detailed, structured, and integrated across services to support multidisciplinary care, referral communication, and continuity of treatment.
Outcome 10 (out of hours): The hospital provides continuous nursing care and advanced clinical support for patients requiring critical treatment.
Outcome 11 (patient care): Patients and clients are supported throughout complex care pathways, including referral management, inpatient care, discharge planning, and ongoing communication with primary care practices.

OUTCOME 8: Clients receive detailed, evidence-based information regarding diagnostic and treatment options, expected outcomes, risks, and costs, supporting shared decision-making

8.3.1 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

Assessors will be looking for:

a. Evidence of a record of the feedback and where appropriate investigation and action as a result.
b. Assessors will speak to team members to understand better the attitude towards clients.
c. It should be evident in discussion that complaints are seen as a positive way to engage with clients

8.3.2 A system is in place to provide continuity of care at all times

Assessors will be looking for:

a. There is a written protocol
b. A named RCVS regulated professional responsible for the care of patients and is identifiable at all times
c. Handover process

8.3.3 The practice must have a means of monitoring client perceptions and feedback

Assessors will be looking for:

a. A consistent and systematic approach to gathering feedback and evidence of analysis and actions taken

OUTCOME 9: Clinical records are detailed, structured, and integrated across services to support multidisciplinary care, referral communication, and continuity of treatment

9.3.1 Patient care must be clearly planned and recorded (such as through care plans or care bundles) in a format that is easily understood by the entire practice team. Wherever possible, standardised medical terminology should be used

Assessors will be looking for:

a. Patient care plans or care bundles

OUTCOME 10: The hospital provides continuous nursing care and advanced clinical support for patients requiring critical treatment

10.3.1 The practice must provide out-of-hours cover at the hospital premises

Assessors will be looking for:

a. Team rotas to ensure available team to admit emergencies

OUTCOME 11: Patients and clients are supported throughout complex care pathways, including referral management, inpatient care, discharge planning, and ongoing communication with primary care practices

11.3.1 The practice must have the ability to provide 24-hour in-patient care including intensive care

Assessors will be looking for:

a. Team rotas
b. There must be a minimum of daily examination of all in-patients by a veterinary surgeon, which should be recorded on the patient records

11.3.2 Appropriate nursing care is provided at all times

Assessors will be looking for:

a. Nursing team rotas

11.3.3 There must be an RVN onsite for all normal opening hours

Assessors will be looking for:

a. Nursing team rotas
b. At least one RVN or REVN is employed.

11.3.4 A structured patient centred and conceptualised care approach to nursing care. All animals have a patient care plan

Assessors will be looking for:

a. Patient care pans
b. Patient records

11.3.5 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

Assessors will be looking for:

a. Team rotas
b. Team members should have access to appropriately trained and experienced competent team members to provide advice and back-up at all times

11.3.6 Team members should have access to appropriately trained and experienced team members to provide advice and back-up at all times

Assessors will be looking for:

a. Team rotas
b. Conversations with junior/intern vets

11.3.7 The practice must have sufficient hospital inpatient facilities with a minimum of 6 stables

Assessors will be looking for:

a. Stables are made of non-permeable and durable material to allow easy cleaning
b. There must be a stable of suitable size to accommodate a mare and foal
c. The ability to unload emergency cases close to the examination/induction area is essential. This should be in a quiet, secure area
d. Ready access to an exercise yard or paddock of suitable size must be provided with safe and well-maintained fencing

11.3.8 The practice must have an all-weather exercise area is available on site

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

Assessor will be looking for:

a. Facilities

11.3.9 The practice must have appropriate designated areas for lameness diagnostic investigation and examination

Assessor will be looking for:

a. Facilities - a dedicated trot-up area is required on site. This must be level, firm and at least 25m long
b. 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

11.3.10 The hospital must have facilities for appropriate examination and treatment of inpatients

Assessor will be looking for:

a. Facilities - appropriately designed stocks are required on site
b. A covered area suitable for farriery must be on site
c. 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
d. Facilities must be provided for the routine washing, grooming and handling of patients

11.3.11 The hospital must have access to appropriate diagnostic facilities appropriate to the caseload and trained team members to perform them at all times

Assessors will be looking for:

a. There must be access to appropriate imaging at all times
b. There must be access to laboratory facilities at all times

11.3.12 The practice should have appropriate equipment to manage fluid therapy effectively and accurately

Assessor will be looking for:

a. Evidence that IV fluids can be administered in the stables
b. The practice is be able to manage hypovolaemia, shock, fluid replacement, electrolyte imbalances, blood loss
c. The practice must have the ability to undertake blood transfusions
d. 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 or plasma, blood typing and storage of blood and blood products

11.3.13 The practice team must have a robust communication system to ensure handover of all in-patients to ensure continuity of care

Assessor will be looking for:

a. There is a protocol / checklist in place to ensure that all relevant information is communicated at handover

11.3.14 Patient care must be clearly planned and recorded (such as through care plans or care bundles) in a format that is easily understood by the entire practice team. Wherever possible, standardised medical terminology should be used

Assessor will be looking for:

a. Hospital sheets
b. Patient records

11.3.15 The practice has a weigh bridge and accurate weights are recorded for all inpatients

Assessor will be looking for:

a. Equipment is available and in use
b. Patient clinical records for weight

11.3.16 Body condition score is recorded using a recognised, peer-reviewed standardised system in appropriate clinical conditions

Assessor will be looking for:

a. Patient clinical records

Clinical services

Clinical services provide advanced diagnostics, treatment, and patient care

Outcome 12 (anaesthesia): Anaesthesia services are supported by advanced monitoring, expertise, and comprehensive peri-operative care protocols for complex procedures.
Outcome 13 (dentistry): Dental services include advanced diagnostics and treatment options, supported by appropriate imaging and specialist equipment where required.
Outcome 14 (diagnostic imaging): Diagnostic imaging services provide high-quality imaging and interpretation, supported by trained personnel and appropriate radiation safety governance.
Outcome 15 (laboratory and clinical pathology): Laboratory services support rapid and reliable diagnostics through robust quality assurance systems and appropriate clinical oversight.
Outcome 16 (pain management and welfare): Advanced pain recognition and management strategies are integrated into all aspects of patient care, including peri-operative and chronic pain management.
Outcome 17 (surgery): Surgical services include the facilities, expertise, and clinical governance required to safely perform a wide range of complex surgical procedures.

OUTCOME 12: Anaesthesia services are supported by advanced monitoring, expertise, and comprehensive peri-operative care protocols for complex procedures

12.3.1 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.

Assessors will be looking for:

a. Discussions with monitoring team
b. Patient records

12.3.2 A hospital must have the equipment to maintain safe and continuous gaseous anaesthesia, the equipment must be checked daily, and all staff trained to use the equipment

Assessors will be looking for:

a. There is proper ventilation during patient recovery to limit human exposure to exhaled anaesthetic gases
b. A range of induction and maintenance agents must be stocked to permit anaesthesia of all patients treated including high risk patients
c. A mechanical ventilator must be available

d. There must be a source of oxygen and emergency oxygen flush with reducing valve, rotameter and vaporiser
e. Equipment for the administration of oxygen and the safe maintenance of anaesthesia and resuscitation must be appropriate for the species treated
f. Temperature-compensated vaporisers must be used
g. A clock or watch showing seconds must be visible to any team member monitoring an animal under anaesthesia or sedation
h. Provision must be made to remove a horse from the operating table in the case of hoist failure

12.3.3 Monitoring equipment for blood gases must be available in the vicinity of the anaesthetised patient

Assessor will be looking for

a. Blood gas equipment
b. Team competent to use and interpret results

12.3.4 There must be a provision for performing aseptic intra-operative radiography

Assessor will be looking for:

a. Equipment available
b. Protocol on use of intra-operative radiography aimed at maintaining asepsis during use

12.3.5 Anaesthetic equipment must be checked before use on a daily basis

Assessor will be looking for:

a. There should be records in place to verify equipment is checked on a daily basis
b. Equipment available

OUTCOME 13: Dental services include advanced diagnostics and treatment options, supported by appropriate imaging and specialist equipment where required

13.3.1 Motorised dental equipment and evidence of training in their use must be available

Assessors will be looking for:

a. Evidence of training in use of motorised dental equipment e.g. BEVA practical dentistry course; BEVA/BVDA practical examination or evidence of studying towards the qualification; BAEDT training courses

13.3.2 The practice must have stocks available for dental procedures

Assessors will be looking for:

a. 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
b. Thorough pre-operative planning, including consideration of personal competence to perform the procedure
c. Use of suitable facilities and consideration of referral where appropriate

13.3.3 The practice can demonstrate access to and appropriate use of a range of spreaders, molar extraction forceps and pressurised diastema flushing device during oral dental/surgical procedures performed including extraction

Assessors will be looking for:

a. Thorough pre-operative planning, including consideration of personal competence to perform the procedure
b. Use of suitable facilities and consideration of referral where appropriate.
c. Equipment available
d. Team trained and competent to use

OUTCOME 14: Diagnostic imaging services provide high-quality imaging and interpretation, supported by trained personnel and appropriate radiation safety governance

14.3.1 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 and stifle

Assessors will be looking for:

a. Screen film combinations or digital systems to minimise radiographic exposure while providing the necessary level of detail must be used
b. The sole use of self-adhesive labels for the identification of hard-copy radiographs is not acceptable. Hard-copy radiographs should be permanently identified at the time of the exposure
c. The hospital must be able to perform a range of contrast examinations and a suitable range of contrast material must be available

14.3.2 Diagnostic ultrasound equipment suitable for musculoskeletal, thoracic, cardiac and abdominal imaging is available

Assessors will be looking for:

a. 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 must be available

b. The practice must have the ability to record ultrasound images

14.3.3 If CT, MRI and/ or nuclear scintigraphy are performed by the practice, they are taken in a competent and safe manner

Assessors will be looking for:

a. Equipment is available, maintained and ready for use on the premises
b. Staff are trained and competent to use equipment and interpret the images produced

14.3.4 Telemetric ECG equipment producing a recordable trace suitable for taking measurements is provided

Assessors will be looking for:

a. Equipment is available, maintained and ready for use on the premises

14.3.5 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

Assessors will be looking for:

a. A pair of endoscopic biopsy forceps must be available, which are compatible with the equipment available
b. The practice has a protocol for the cleaning/disinfection of endoscopes between patients, both for field endoscopy and in clinic
c.

14.3.6 Equipment for the measurement of intraocular pressure must be available

Assessors will be looking for:

a. Equipment is available, maintained and ready for use on the premises

OUTCOME 15: Laboratory services support rapid and reliable diagnostics through robust quality assurance systems and appropriate clinical oversight

15.3.1 The Hospital has the ability to obtain tests result on a 24 hour basis

Assessors will be looking for:

a. Evidence of 24-hour lab equipment use available
b. The in-house lab it must be a separate designated and demarked space
c. For haematology, the practice should be able to demonstrate it has staff competent in blood smear review to check machine outputs and particularly understand the limitations of their equipment
d. The following equipment must be provided on the premises:
    a. a biochemistry analyser on site

b. an electrolyte analyser on site
c. a haematology analyser on site
d. Bacteriology on site
e. Equipment for parasitology analysis on site

15.3.2 There must be a nominated person in overall charge of the laboratory facilities

Assessors will be looking for:

a. Designated team member
b. This may be a person working part time

15.3.3 If advance lab testing is undertaken on site, adequately qualified team members to perform the test and analyse the results must be available

Assessors will be looking for:

a. Designated lab team member
b. Team rotas

15.3.4 The Hospital must demonstrate a QI approach to its laboratory operations

Assessors will be looking for:

a. Consider using recognised QI methodology
b. Consideration could be given to pre-analytical, analytical and post-analytical error

15.3.5 Facilities must be available for bone marrow aspiration

OUTCOME 16: Advanced pain recognition and management strategies are integrated into all aspects of patient care, including peri-operative and chronic pain management

16.3.1 Pain scoring 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

Assessors will be looking for:

a. Patient records
b. Team awareness of pain scoring

16.3.2 Appropriate interventions against pain are provided for patients in response to pain assessments/pain scores

Assessors will be looking for:

a. Patient records
b. Discussion with team members
c. Pain scoring and charts

16.3.3 Members of the clinical team have received specific training/undertaken appropriate CPD on recognising pain in horses

Assessors will be looking for:

a. Patient records
b. Team members know how to access relevant reference materials on pain assessment and control

OUTCOME 17: Surgical services include the facilities, expertise, and clinical governance required to safely perform a wide range of complex surgical procedures

17.3.1 At least one operating theatre of adequate size must be provided and used only for the conduct of surgical operations

Assessors will be looking for:

a. A suitably designed operating table with adequate positioning, padding and support is used.
b. The theatre must be designed and laid out to ensure sterility and facilitate cleaning

17.3.2 Lighting suitable for the accurate illumination of surgical sites on the patient must continue to function in the event of a loss of power

Assessors will be looking for:

a. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure
b. Good quality head torches are acceptable as a source of light during interrupted power though they need to be immediately available and charged
c. SOP for their use available
d. Assessor awareness of contingency plans during power outage (link to core)

17.3.3 A preparation room must be provided separate from the operating theatre for the pre-operative preparation of surgical patients

Assessors will be looking for:

a. Premises suitable to meet standard

b. “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
c. Hands free scrub sink located outside of theatre but with easy access to theatre

17.3.4 There must be a high standard of asepsis

Assessors will be looking for:

a. Closed gloving, gowns, hats, masks and dedicated footwear must be used during aseptic procedures.
b. All those present in theatre must wear scrub suits and hats in theatre
c. No outdoor shoes or clothing are allowed
d. Consideration must be given to the order in which procedures are undertaken, with those most likely to introduce contamination being done last
e. Orthopaedic operations must be performed as the only procedure in theatre at any one time

17.3.5 Suitable surgical instruments must be available for the range of surgical procedures undertaken

Assessors will be looking for:

a. Electrosurgery and suction must be available for surgical use and are used appropriately
b. Assessors will expect to see equipment checklists

17.3.6 The practice team regularly follow up of all surgical cases

Assessors will be looking for:

a. Written process around surgical cases follow up
b. Team awareness of this process
c. Evidence of recent surgical cases follow up records

END

RCVS
Inspiring confidence in veterinary care

Emergency Services Clinics (ESC)

Small Animal

How to become an RCVS small animal ESC provider

To achieve Emergency Service Clinic (ESC) accreditation, the practice meets all Core and General Practice (GP) standards across every module and fully satisfies the specific ESC requirements within the Emergency and Critical Care module.

OUTCOME 18: The practice consistently provides immediate support for emergency and critical care cases on a 24/7 basis without the need for an appointment and maintains a fully dedicated Out of Hours (OOH) service

18.2.1 The practice must be appropriately staffed with at least 1 FTE MRCVS and 1 FTE RVN to cover all the times the practice is operating on a 24/7/365 basis

18.2.2 The practice must have adequate equipment onsite to be able to provide emergency care during all normal opening hours of the service. The clinical team must be able to evidence they are trained in the use and maintenance of the equipment but also the interpretation of the results

18.2.3 In the event of a power loss/outage, the practice must be able to demonstrate alternatives for adequate use electrical clinical and non- clinical equipment including phonelines

18.2.4 The practice must provide separate accommodation for the isolation of infectious and zoonotic cases

18.2.5 The practice must be equipped and trained to provide intensive care of critically ill patients including neonates at all times

18.2.6 The practice must effectively and transparently communicate and agree with both the referring clinician and the client on all patient matters including consent, costs, transfers, clinical accountability including outcomes and complications

18.2.7 The practice must demonstrate a system where, if a patient is not treatable within the ESC service, it must be referred

18.2.8 All team members (including new team members and locums) 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

18.2.9 The practice must have existing provision for transportation for any animals or patients between practices

18.2.10 The practice must have a system for effective and prompt communications with clients at all times

18.2.11 The practice must have a robust system to allow quick and easy sharing of all relevant clinical history to the referring/primary practice

18.2.12 The practice has a system in place for monitoring and discussing the clinical outcomes of ECC cases and acting upon the results

END

Emergency services clinics (ESC)

Small Animal

Supporting guidance

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve Emergency services clinics provider small animal accreditation

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the emergency services clinics small animal accreditation.

Practices must meet each of the standards under outcome 18.

Pre- assessment document check list

1. ESC audits / case reviews / outcome monitoring and evidence of learning ☐
2. Transfer / referral protocols / handover protocols ☐
3. SOPs for common emergencies /Triage protocols (including telephone triage) ☐
4. Isolation protocols ☐
5. Lone worker policy / OOH / overnight staffing arrangements ☐

OUTCOME 18: The practice consistently provides immediate support for emergency and critical care cases on a 24/7 basis without the need for an appointment and maintains a fully dedicated Out of Hours (OOH) service

18.2.1 The practice must be appropriately staffed with at least 1 FTE MRCVS and 1 FTE RVN to cover all the times the practice is operating on a 24/7/365 basis

Your assessor will look for:

a. The staffing must be proportionate to the caseload to ensure appropriate medical, surgical and in patient care and safety are provided
b. The primary role of these vets must be to have overall responsibility for all emergency and critical care and professional matters within the clini
c. The primary role of the RVN must be to have overall responsibility for the nursing and clinical care of the clinic's patients and who shall be directly involved in such care
d. 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
e. 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
f. In addition to the veterinary surgeon, at least one other MRCVS or RVN 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
g. 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 but must not leave the premises and mustn't leave the clinical floor without a clinical member of staff

h. A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times

18.2.2 The practice must have adequate equipment onsite to be able to provide emergency care during all normal opening hours of the service. The clinical team must be able to evidence they are trained in the use and maintenance of the equipment but also the interpretation of the results

Your assessor will look for:

a. Minimum equipment is available, maintained onsite:
    a. X-ray
    b. ECG
    c. Ultrasound
    d. Endoscope
    e. Binocular microscope
    f. Centrifuge
    g. Blood gas analyser
    h. Biochemistry analyser
    i. Electrolyte analyser
    j. Blood smear kit
    k. IV pump
    l. Syringe driver

18.2.3 In the event of a power loss/outage, the practice must be able to demonstrate alternatives for adequate use electrical clinical and non- clinical equipment including phonelines

Your assessor will look for:

a. Contingency plan to include back up power arrangements, clinical continuity processes, communication contingencies, staff and patient safety considerations, communication with partner practices, escalation and recovery plan
b. Team awareness of contingency plan

18.2.4 The practice must provide separate accommodation for the isolation of infectious and zoonotic cases

Your assessor will look for:

a. In the event that this is not possible, a written policy for dealing with such cases that is known to all team members
b. How will this be staffed to avoid cross-contamination when skeleton staff OOH
c. Air flow must not go from isolation to other clinical areas
d. Contingency for transferring of infectious patients

18.2.5 The practice must be equipped and trained to provide intensive care of critically ill patients including neonates at all times

Your assessor will look for:

a. Team rotas - team capacity to meet case demand
b. Oxygen delivery and equipment is available and maintained:
    - Oxygen therapy e.g. nasal canulae, oxygen cage,
    - Incubator
    - Maintenance of body temperature – multi modal means
c. The practice has the ability to deal with rectifying blood loss - equipment, donor list, and training in blood transfusion kit and training (or use of blood bank or storage of blood onsite acceptable)
d. The practice has the ability to tailor fluid therapy- must be able to address hypovolaemia, dehydration, electrolyte abnormalities
e. Patient monitoring and recording includes life support –

    - must include capnography, continuous ECG, oscillometric and doppler blood pressure measurement, pulse oximetry, body temperature

18.2.6 The practice must effectively and transparently communicate and agree with both the referring clinician and the client on all patient matters including consent, costs, transfers, clinical accountability including outcomes and complications

Your assessor will look for:

a. A written agreement with primary practices
b. Consent forms
c. Process for transfer of patients and team awareness of this process
d. Client information given - records
e. Evidence of handovers

18.2.7 The practice must demonstrate a system where, if a patient is not treatable within the ESC service, it must be referred

Your assessor will look for:

a. SOP for referral of patients and team awareness of this SOP
b. Evidence of safe transfer and transport
c. Evidence of effective client communications managing expectations

18.2.8 All team members (including new team members and locums) 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

Your assessor will look for:

1. Staff induction checklist and documents
2. Guidelines and protocols relevant to ESC work
3. Equipment instructions

18.2.9 The practice must have existing provision for transportation for any animals or patients between practices

Your assessor will look for:

1. Agreement with local ambulance or taxi company
2. Where these services are not available, an SOP to demonstrate how this can be arranged
3. Guidelines and SOP to include transport of unstable patients e.g. in cases such as dyspnoea, need for staff present etc

18.2.10 The practice must have a system for effective and prompt communications with clients at all times

Your assessor will look for:

a. Ability to answering phones promptly at all times
b. Triaging log
c. Provision of estimates
d. Staff training

18.2.11 The practice must have a robust system to allow quick and easy sharing of all relevant clinical history to the referring/primary practice

Your assessor will look for:

a. SOP outlining the process and expectations
b. Team trained in the process
c. Handover notes
d. Examples of recent cases

18.2.12 The practice has a system in place for monitoring and discussing the clinical outcomes of ECC cases and acting upon the results

Your assessor will look for:

a. Evidence of follow up calls and email with referring practices and clients
b. Evidence of audits of certain conditions (blocked cats measure outcome)

c. ESC clinical team meeting minutes

END

RCVS
Inspiring confidence in veterinary care

Emergency Services Clinics (ESC)

Equine

To achieve this accreditation, the practice meets all Core standards in the relevant modules and the specific Emergency (Ambulatory) Module requirements for Emergency Service Clinics.

OUTCOME 18: The practice is capable of handling emergency cases in the field and offers a dedicated Out of Hours service to support other practices

18.1.1 There must be adequate facilities for the induction, maintenance and recovery from sedation / general anaesthesia, whether in the field or at the practice premises

18.1.2 The practice must have a system in place for regularly monitoring and discussing clinical cases and outcomes, analysing and continually improving professional practice as a result. This should include following up on cases with the partner practice

18.1.3 There is evidence of either clinical audit (process or outcome), significant event audit, or M&M meetings

18.1.4 All clinical team members (including new team members and locums) 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

18.1.5 There must be sufficient telephone capacity and human resources to meet the workload of the practice

18.1.6 Team members should be effective at prioritisation of emergency cases

18.1.7 Clients are aware of the identity of team members responsible for the care of their animals and any changes in personnel day-to-day

18.1.8 All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations

18.1.9 Practice team actively reviews and audits the cleaning records and processes

18.1.10 All labels must be mechanically or machine produced, handwritten labels are not acceptable

18.1.11 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

18.1.12 Assessors will ask to see what arrangements are made for surgical emergencies

18.1.13 The practice must have access to a service providing veterinary specific advice on management of poisons

18.1.14 There must be a contact list of local horse 24 hour transport companies

18.1.15 All team members have received and are familiar with protocols for examinations undertaken in the field

18.1.16 Practices must have the ability to view X-rays/diagnostic images in the consulting area (including in the field)

18.1.17 All clinical team members are able to access reference materials appropriate to their role and activities in the practice

18.1.18 The practice offers a phased return to team members who have been on long-term sick leave

18.1.19 Line managers must have clear systems in place on how to deal with mental health issues in the workplace

18.1.20 A veterinary surgeon must be employed at each practice who shall have overall responsibility for all emergency and critical care and professional matters within the clinic

18.1.21 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

18.1.22 At least one on-duty veterinary surgeon, directly responsible for emergency care is on duty during all of the operating hours of the practice

18.1.23 There must be a written policy on answering the telephone including how to answer call-outs, transport concerns and fee estimates

18.1.24 The clinic must have a protocol in place for passing on all relevant clinical history between the primary practice and the equine ESC at the time of transfer of the emergency service between the two practices

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

18.1.26 The practice must have, or have access to, ultrasound equipment

END

Emergency Services Clinics (ESC)

Equine

Supporting guidance

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve Emergency services clinics provider Equine accreditation

This document provides supplementary guidance as to what is required of practices to meet the outcomes to achieve the emergency services clinics equine accreditation.

Practices must meet each of the standards under outcome 18.

Pre- assessment document check list

1. ECC audits / case reviews / outcome monitoring and evidence of learning ☐
2. Transfer / referral protocols / handover protocols ☐
3. SOPs for common emergencies /Triage protocols (including telephone triage) ☐
4. Isolation protocols ☐
5. Lone worker policy / OOH / overnight staffing arrangements ☐

OUTCOME 18: The practice is capable of handling emergency cases in the field and offers a dedicated Out of Hours service to support other practices

18.1.1 There must be adequate facilities for the induction, maintenance and recovery from sedation / general anaesthesia, whether in the field or at the practice premises

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.

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

Assessors will be looking for:

a. Appropriate facilities and equipment for the work routinely performed

b. There must be consideration for the safety of the patient and all personnel present

c. Adequate maintenance of all equipment

d. Staff trained and competent to use equipment

e. There is an emergency crash box available with the necessary drugs available

18.1.2 The practice must have a system in place for regularly monitoring and discussing clinical cases and outcomes, analysing and continually improving professional practice as a result. This should include following up on cases with the partner practice

Assessor will be looking for:

a. This should include following up on cases with the partner practice

b. Clinical meetings held at least quarterly

c. Evidence of changes made as a result of analysis

d. Written records of continuous improvement

18.1.3 There is evidence of either clinical audit (process or outcome), significant event audit, or M&M meetings

Assessor will be looking for:

a. The meetings are recorded and any changes in procedure as a result are communicated to all team members.

b. Team members needing additional support in the aftermath of a significant event should be signposted to available resources

18.1.4 All clinical team members (including new team members and locums) 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

Assessor will be looking for:

a. Evidence of induction of team members at the outset of their employment.
b. Relevant practice guidelines and protocols, both clinical and non-clinical
c. Team awareness of these and how they are shared and communicated

18.1.5 There must be sufficient telephone capacity and human resources to meet the workload of the practice

Assessor will be looking for:

a. The practice carries out a regular audit of time taken to answer calls

b. The phones are answered in a timely manner

18.1.6 Team members should be effective at prioritisation of emergency cases

Assessor will be looking for:

a. 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

b. Assessors will expect to speak to a cross-section of the team

c. Examples of acute trauma that may require urgent attention include fractures, wounds, colics and foaling etc

18.1.7 Clients are aware of the identity of team members responsible for the care of their animals and any changes in personnel day-to-day

Assessor will be looking for:

a. Practices will be expected to update websites and RCVS Find a Vet regularly

b. Name badges or equivalent are worn

18.1.8 All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations

Assessor will be looking for:

a. A written protocol for all team members – clinical and non-clinical

b. Team awareness of this protocol

18.1.9 Practice team actively reviews and audits the cleaning records and processes

Assessor will be looking for:

a. Up to date cleaning records

b. Audits of recent cleaning records and what actions were taken as a result

18.1.9 Practice team actively reviews and audits the cleaning records and processes

Assessor will be looking for:

a) Machine printed labels with correct information

18.1.11 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

Assessor will be looking for:

a. Written policy on prescribing HP-CIAs

b. Team training of the HP-CIA policy

18.1.12 Assessors will ask to see what arrangements are made for surgical emergencies

Assessor will be looking for:

a. Patient records
b. Written guidelines on how to manage surgical emergencies

18.1.13 The practice must have access to a service providing veterinary specific advice on management of poisons

Assessor will be looking for:

a. Access to poisons information
b. Team awareness

18.1.14 There must be a contact list of local horse 24 hour transport companies

Assessor will be looking for:

a. List of companies made available to duty team members

18.1.15 All team members have received and are familiar with protocols for examinations undertaken in the field

Assessor will be looking for:

a. Protocols
b. Team awareness and access to protocols

18.1.16 Practices must have the ability to view X-rays/diagnostic images in the consulting area (including in the field)

Assessor will be looking for:

a. Available, maintained and ready to use equipment
b. Trained and competent team members
c. Any safety precautions and risk assessments associated

18.1.17 All clinical team members are able to access reference materials appropriate to their role and activities in the practice

Assessor will be looking for:

a. Team awareness of where resources are found
b. Adequate resources that are relevant to the work carried out

18.1.18 The practice offers a phased return to team members who have been on long-term sick leave

Assessor will be looking for:

a. A system for all team members to be offered a phased return after long term sickness

Useful links*:*

Returning to work after absence - ACAS

18.1.19 Line managers must have clear systems in place on how to deal with mental health issues in the workplace

Assessor will be looking for:

a. Any internal training / induction for new line managers explicitly addresses mental health in the workplace
b. All team members with line management responsibility should have undertaken some form of training on mental health awareness
c. Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage
d. Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios
e. Managers can describe where they would seek additional advice and guidance on issues around mental health

Useful links:

All courses – RCVS Academy

Good workplaces health and wellbeing - BVA

Work-related stress and how to manage it - HSE

Looking after staff - Vetlife

Resources and CPD – RCVS MMI

The Working Time Regulations - HSE

18.1.20 A veterinary surgeon must be employed at each practice who shall have overall responsibility for all emergency and critical care and professional matters within the clinic

Assessor will be looking for:

a. Evidence will be provided through team rotas

18.1.21 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

Assessor will be looking for:

a. It is expected that outcomes will be actively followed up with referring practices and clients
b. Written agreement with client practices

18.1.22 At least one on-duty veterinary surgeon, directly responsible for emergency care is on duty during all of the operating hours of the practice

Assessor will be looking for:

a. Evidence will be provided through team rotas

18.1.23 There must be a written policy on answering the telephone including how to answer call-outs, transport concerns and fee estimates

Assessor will be looking for:

a. Written policy on answering telephone.
b. Team awareness of policy

18.1.24 The clinic must have a protocol in place for passing on all relevant clinical history between the primary practice and the equine ESC at the time of transfer of the emergency service between the two practices

Assessor will be looking for:

a. There must be prompt communication between the practice and the primary practice relating to all recent emergency cases
b. The practice must have a list of available contacts at the primary practice

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

Assessor will be looking for:

a. Team demonstration of how access is

18.1.26 The practice must have, or have access to, ultrasound equipment

Assessor will be looking for:

a. Equipment is readily available
b. Staff trained to use it
c. There must be a written agreement in place for access to ultrasound equipment if the practice does not own it

END

Summary

Meeting	RCVS Council
Date	5 November 2026
Title	RCVS environment and sustainability policy and operational plan
Summary	This covering paper introduces the draft environment and sustainability (E&S) policy and operational plan, building on papers considered by the Advancement of the Professions Committee and RCVS Council in 2025-26. The paper gives an overview of the draft policy, and asks Council to approve it as a working document, subject to consultation and any future revisions resulting from that consultation, along with related measures.
Decisions required	To approve the draft E&S plan as a working document, subject to consultation. To agree to meet the commitment to declare that the climate emergency is a health emergency. To endorse the Fossil Fuel Treaty Initiative.
Attachments	Annex A - Draft E&S policy statement Annex B - Draft E&S operational plan
Author	Ben Myring Head of Policy, Insight, & Public Affairs b.myring@rcvs.org.uk Mark Sundhu Policy and Public Affairs Officer m.sundhu@rcvs.org.uk

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Annexes A-B	Unclassified	n/a

Royal College of Veterinary Surgeons (RCVS) environment and sustainability policy and operational plan

Introduction

1. This paper presents the draft RCVS environment and sustainability (E&S) policy statement (Annex 1) and operational plan (Annex 2). The policy statement builds on the work of the RCVS Environment & Sustainability Working Party (2021), previous papers brought to APC (where the draft policy was approved with minor amendments) and RCVS Council in 2025-26, and discussions with stakeholders.

2. The RCVS is a member of the UK Health Alliance on Climate Change (UKHACC), which has produced a set of guiding principles for health organisations to demonstrate leadership and take steps to mitigate and adapt to climate change. These commitments provide a list of actions that organisations can take, adapting them as required to suit individual circumstances and these form a key framework for the RCVS E&S policy. Since RCVS Council considered the outline policy approach in November 2025, UKHACC has updated and streamlined the member commitments. This paper sets out the changes from the previous commitments. Details of progress towards accreditation can be found in the E&S operational plan (Annex 2).

3. The RCVS also has Bronze accreditation with Investors in the Environment (iiE), and meeting their criteria for the higher Silver, and in time Green accreditation levels also form a key framework for the policy. Details of progress towards accreditation can be found in the E&S operational plan.

4. Subject to Council's approval, the draft policy statement will be subject to consultation with the professions and public, after which proposed amendments may be brought back to APC and Council. In the meantime, the intention is to treat the draft policy as a working document so that progress is not delayed;

5. The draft E&S policy statement recognises the widely accepted concept of nine planetary boundaries[1] in relation to critical natural processes which, when breached, risk irreversible damage to the planet's capacity to sustain life. Today, seven out of nine boundaries have been transgressed and continue to worsen. Of these, the two 'core boundaries' are climate change and biosphere integrity; these two are linked to each other and can encompass some of the other boundaries (for instance, Novel Entities & Biogeochemical Flows includes cover antimicrobial and antiparasitic stewardship). These may also be the areas in which the veterinary professions can have the most impact.

[1] https://www.stockholmresilience.org/research/planetary-boundaries.html

6. The draft policy therefore proposes two ambitions via which the College can strive to meet the Strategic Plan objective to *take a leadership role on environmental sustainability and biodiversity*, above and beyond the criteria set out by UKHACC and iiE, with a focus on climate change and biodiversity.

Net zero ambition

7. This ambition would underpin plans for the College to calculate its carbon footprint and set out a plan to reach net zero through reductions and emissions ahead of the UK target of 2050.

8. Under this ambition the College would also seek to calculate the carbon footprint of the veterinary sector, and develop a plan to use our regulatory and thought-leadership tools to steer the veterinary professions towards net zero by 2050. Preliminary conversations have been carried out with some key stakeholders, including iiE who have a carbon calculator and hold data from their many veterinary practices, and early conclusions suggest that this is an achievable aim, and one in which the footprint calculation and plan to address it could be improved iteratively over time.

Biodiversity ambition

9. The draft policy suggests a second core ambition in which the College would seek to better understand the impact of the professions on biodiversity (for instance through use of antiparasitic medication), support the professions' ability to address biodiversity collapse, and seek biodiversity co-benefits when developing actions to meet its net-zero ambition.

UKHACC – revised commitments

10. The revised UKHACC commitments are as follows:

Declare that the climate emergency is a health emergency

11. *"Make a public declaration that your organisation agrees that the climate emergency is a health emergency that requires urgent action."*

12. The key change is that UKHACC has decided that the commitment to declaring a climate emergency will now be a mandatory commitment for members, with a deadline set for **31 December 2026.** The commitment was introduced in the previous APC papers, was taken to Council and then later presented by the Chief Executive Officer to the Officer Team on 22 April 2026, setting out the argument for the RCVS to support the UKHACC commitment via a public statement.

13. The Policy Insight and Public Affairs (PIPA) Team will work with the Communications Department to draft the declaration, and it is proposed that the declaration is made as part of the publication of and consultation on the E&S policy statement. In addition to the public health impact (recently

stressed by the World Health organisation[2]), the statement will draw attention to the impact on animals, including pets. Using the five domains model of animal welfare, which is used to examine the physiological and behavioural responses of animals to environmental stressors, climate change can be shown to harm both wild and domesticated animals across all five welfare domains, which include nutrition, environment, physical health, behaviour, and mental state.

Greener banking and investment

14. *"Stop your money being used to increase climate change"*.

15. Two of the previous commitments have been streamlined: *switch to a green bank and encourage members to switch,* and *disinvest from fossil fuels and sign the fossil fuel non-proliferation treaty*.

1) Banking

16. Prior to the recent update and before endorsing the previous commitments, the College had already divested from all fossil fuel businesses (it retains a small indirect exposure via pooled investments). However, we have yet to explore whether it may be possible to switch to a greener bank without disproportionate risks.

17. UKHACC advocate moving money away from banks that support fossil-fuel developments, reducing their ability to lend to large oil, coal and gas producers, thereby reducing their ability to contribute to climate change. They further advocate switching to banks who actively invest in green policies such as developing renewable energy sources, contributing towards mitigation against climate change, and encouraging banks to reconsider their investment strategies.

18. The RCVS currently banks with Lloyds. Some criticism has been levelled at Lloyd's reputation on sustainability issues, and consideration should be given to whether there is a more suitable alternative. If the College was to consider switching banks it would require careful consideration by creating a task and finish working party to oversee the project and make recommendations to the Finance and Resources Committee (FRC). The process would involve identifying banks that could meet the needs of RCVS and that have a good credit rating. It is proposed that this work be carried out in 2027; a paper will be prepared for FRC setting out the costs and proposed timeframe of the working party.

2) The Fossil Fuel Non-Proliferation Treaty Initiative

19. UKHACC no longer requires members to endorse the fossil fuel non-proliferation treaty. However, the RCVS should consider doing so as part of showing leadership on this issue, and to help fulfil the separate UKHACC commitment to use our voice to support action on climate change.

[2] https://www.who.int/europe/news/item/17-05-2026-climate-change-is-a-health-crisis---and-fixing-it-is-a-health-opportunity

20. The Fossil Fuel Non-Proliferation Treaty Initiative is a global campaign urging governments to manage a fair, fast, and funded end to coal, oil, and gas production. It complements the Paris Agreement by tackling the root source of emissions through a binding international plan. It is built on the principles of non-discrimination, participation, transparency, intergenerational equity and accountability[3], aligning with the International Court of Justice's (ICJ's) Advisory Opinion on legal duties of states to protect the climate for people's rights to be realised.

21. The treaty has been backed by a growing global network of governments, cities (including London), civil society organisations, faith institutions, and over a million individuals including academics, scientists, youth activists, health professionals.

22. Royal Colleges who have signed the treaty include Royal College of Occupational Therapists, the Royal College of Paediatrics and Child Health, the Royal College of Pathologists, the Royal College of Physicians, the Royal College of Physicians and Surgeons of Glasgow, the Royal College of Psychiatrists, and the Royal Pharmaceutical Society. Additional Royal Colleges who UKHACC will expect to sign the treaty as part of their UKHACC commitments include the Royal College of Physicians, the Royal College of Nursing, and the Royal College of General Practitioners,

23. If agreed, the College could move forward on this by completing a form on the Fossil Fuel Non-Proliferation Treaty Initiative website, which would list RCVS as having endorsed the Fossil Fuel Treaty proposal https://fossilfueltreaty.org/.

24. It is proposed that the College's signing of the treaty be timed so as to be publicised alongside the publication of the college E&S policy and climate health declaration.

Move to 100% renewable power and heating, where possible

25. *Reduce your organisation's carbon footprint and scope 1 emissions.*

26. Past APC papers have highlighted how a plan for the RCVS to reach Net Zero will involve several stages. First the College's carbon output must be measured, and then reduced as much as possible. This can be achieved via our work with Investors in the Environment (iiE), using their carbon calculator. In order to reach Net Zero, any remaining carbon footprint could be offset via a formal scheme.

27. Work is currently progressing with iiE, and the Facilities Team are preparing to review new energy provider options. A paper discussing potential policy options in respect of carbon offsetting was recently considered by APC, and a further paper is in development.

[3] https://icj-cij.org/sites/default/files/case-related/187/187-20250723-sum-01-00-en.pdf

Make Catering Sustainable

28. *Reduce the carbon footprint of food for all meetings and conferences.*

29. A paper exploring sustainable food production is in development, to be brought to APC and Council in early 2027, and this paper will make recommendations on RCVS catering policy following Council's discussion of this topic at its November 2025 meeting.

Change Transport

30. *Reduce the carbon footprint of travel undertaken on your organisation's behalf and improve public health.*

31. A travel policy is being developed for approval by the Senior Team, setting out how RCVS can take multiple steps to reduce its contribution to carbon emissions, while also promoting and facilitating healthier ways to travel for staff and visitors. If this only impacts RCVS staff then it will be an operational matter, but if the policy extends to Council members then the Finance and Resources Committee (FRC) and/or Council will have the opportunity to consider it.

Support all individuals to take the same action, and **Use the professional, political and public voice to support action on climate change**

32. The above are two separate UKHACC commitments seeking to influence individual action by UKHACC organisations' members, and influence policy makers to encourage urgent action on climate change.

33. These commitments are streamlined from three previous commitments to *educate members on the links between climate and health, develop guidance for sustainability in your specialist area* and *campaign on mitigating and adapting to the planetary crisis.* Similarly to the commitments for greener banking and disinvestment, the RCVS had already planned to address these commitments together. For example, the PIPA team have already started to engage with iiE and Vet Sustain on calculating carbon emissions for the sector, so that the veterinary professions can be empowered to work towards net zero. A discussion paper is in development summarising existing initiatives (e.g. Vet Sustain, and its Roundtable) and identifying where RCVS can add value.

Decisions

34. The committee is asked to decide on the following:

a. To approve the draft E&S plan as a working document, subject to consultation.
b. To agree to meet the commitment to declare that the climate emergency is a health emergency.
c. To endorse the Fossil Fuel Treaty Initiative.

The Royal College of Veterinary Surgeons Environment & Sustainability Policy

Introduction

1. The Royal College of Veterinary Surgeons (RCVS) is committed to demonstrating high standards on environment and sustainability (E&S) issues within our own organisation, and to fostering them among professionals, practices, and businesses across the veterinary sector. Both RCVS Council and the executive Senior Team have demonstrated this commitment through the high sustainability standards adhered to during the redevelopment of our new HQ at 1 Hardwick Street.

2. Additionally, the RCVS emphasises the importance of a One Health approach: recognising the synergies between animal health and human health, and promoting the interconnection between people, animals and ecosystems. It is therefore essential that the RCVS recognises its own environmental impact as an organisation, and encourages those on our registers and practices accredited under the RCVS Practice Standards Scheme (PSS) to do the same.

3. Underpinning this policy is the College's stated ambition in Section C of the RCVS Strategic Plan (2025 to 2029) – *'Stronger together with society at large'*, and the objective *"To champion the role that veterinary professionals play in One Health and public health, take a leadership role on environmental sustainability and biodiversity, and continue to look beyond our domestic horizons to have a positive impact upon the world around us"*.

Net zero ambition

4. The RCVS recognises that the climate crisis is a health crisis, both for humans and other species. As a Royal College that regulates, through our E&S policy we will take a leadership role in ensuring that both the RCVS and the veterinary sector play their part in meeting the UK's legally binding commitment to reach net zero greenhouse gas emissions by 2050. By 2029, the RCVS will have estimated the veterinary sector's existing carbon footprint, set out a plan for the sector to reduce this, and, where necessary, for it to offset any irreducible emissions by 2050 at the latest – though a more ambitious net zero target date will be considered. The RCVS will also calculate its own carbon footprint, and take measures to reach net zero by the same target date or earlier.

Biodiversity ambition

5. The climate emergency is one of two linked existential crises facing humanity; the other is biodiversity collapse. The veterinary professions' understanding of animal health and welfare puts them in a unique position to understand how this is linked to the health of ecosystems, and the interaction between wild animals, companion animals, and livestock. The RCVS will seek to better understand how the veterinary professions impact on biodiversity, and how the professions can be supported to address biodiversity collapse, and will seek biodiversity co-benefits when

DRAFT

considering actions on climate; for instance, offsetting schemes that are focused on ecosystem recovery in addition to carbon storage and sequestration.

6. Our E&S policy is shaped and/or benchmarked with reference to external environment and sustainability organisations. These include:

The UK Health Alliance on Climate Change (UKHACC)

7. The RCVS is a member of the UK Health Alliance on Climate Change (UKHACC), which coordinates action, provides leadership, and amplifies the voice of health professions to advocate for just responses to the climate and ecological crises, and promotes the health benefits that flow from those responses.

8. UKHACC has produced a set of guiding principles for health organisations to demonstrate leadership and take steps to mitigate and adapt to climate change. These commitments provide a list of actions that organisations can take, adapting them as required to suit individual circumstances and recognising that different organisations are on different stages of the journey, each with their own individual priorities. The RCVS will seek to meet all of UKHACC's commitments by 2029.

Investors in the Environment (iiE)

Investors in the Environment (iiE) is an environmental accreditation scheme designed to help businesses reduce their environmental impact, raise awareness amongst colleagues, and save businesses money on their energy costs where possible.

Internal policy: leading by example

9. The RCVS recognises that it cannot expect the veterinary professions to engage with the transition to net zero if it cannot show that it is doing so itself. In 2022, the RCVS achieved Bronze level iiE accreditation, which is recognition that the College has successfully introduced a robust environmental policy and established processes to measure the organisation's use of resources. We will continue to work with iiE with the ambitious aim of achieving Green accreditation, their highest level, by 2029.

10. To move from Bronze up to Silver and Green accreditation the College will need to build upon existing actions across a range of accreditation criteria. Having first evaluated staff needs and restrictions, the College will be expected to introduce guidance, support and incentives that make the process of change easier for staff or those making travel decisions.

11. In 2025, the RCVS moved into its new headquarters at Hardwick Street. In addition to making the space fit-for-purpose in line with the College's strategic ambitions, the building has also been designed to reflect our commitment to sustainability, with features such as recycled materials,

repurposed fittings, a revised procurement policy, removal of the gas supply and adoption of solar panels. From the outset of the project, the development criteria required that full use should be made of all opportunities to reduce or minimise the impact that the redevelopment imposed on the environment, as far as was reasonably practicable.

The staff Green Team

12. The Green Team is a voluntary staff group which exists to promote, coordinate and champion environmental sustainability across the organisation, and is responsible for driving forward the practical work related to iiE accreditation. The Green team engages staff about environmental activities through the digital Greenzine, short videos, and other internal communications. The Green Team's ambition is to not only achieve accreditation, but to create a lasting behavioural and organisational change.

13. We are committed to taking steps in a number of areas to continue reducing our negative impact on the environment, including:

Procurement and waste

a. Following the principles of 'Reduce, Reuse, Recycle' where possible.
b. Regularly reviewing our procurement of equipment and supplies, actively encouraging a reduction in the use of staple items such as paper for printing and merchandise for events and marketing opportunities.
c. Implementing sustainable waste management practices, with a goal that no waste is sent to landfill.
d. Selecting contractors, including catering providers, who can demonstrate alignment with our own environmental policy[1].
e. Reviewing our banking and investment arrangements to ensure that they properly balance sustainability with risk (e.g. not investing in fossil fuels, and investing in renewables and mitigation).

Building Management

f. Ensuring that our RCVS headquarters reflect our ongoing commitment to sustainable practices by taking into account both the environmental impact of the building itself and the activities of our workforce.
g. Considering sustainability in all modifications and upgrades to our headquarters, prioritising environmentally responsible materials and practices wherever possible.

[1] This will help to address Scope 3 emissions, which are all indirect greenhouse gas emissions that occur in a company's value chain, including both upstream and downstream activities

h. Reducing our Scope 2 emissions[2] by improving energy efficiency, minimising consumption of electricity, and moving to 100% renewable power and heating, where possible.
i. Reducing water consumption by promoting efficient use through monitoring demand and implementing conservation measures where feasible.

Environmental awareness

j. Providing an environmental induction for all new staff members, outlining how to adopt more sustainable practices both in the office and when working from home.
k. Engaging our staff to embed sustainable practices across the organisation, using the Green Team, surveys, newsletters and presentations to encourage sustainable behaviour.

Business Travel

l. Developing and maintaining a travel policy, encouraging staff to carefully consider business travel and make environmentally responsible choices as far as is reasonably practicable.
m. Retaining flexible working arrangements, including home working and remote committee meetings where feasible, in order to support business needs whilst reducing travel related emissions.
n. Promoting the use of sustainable modes of transport, including retaining the RCVS cycle-to-work scheme.

External policy: supporting the veterinary sector to transition to net zero

14. Centred on the College's net zero ambition, our external-facing policy aims to support veterinary professionals and practices to reduce their carbon omissions while seeking co-benefits for biodiversity. By 2029, in addition to estimating the veterinary sector's carbon footprint, the RCVS will have developed a strategy to eliminate that footprint by no later than 2050. It will explore how to do this via its full range of regulatory and Royal College functions, including standard setting, education, Practice Standard Scheme (PSS) accreditation and PSS Green Award, thought leadership via the Fellowship, and collaboration with RCVS Knowledge.

Legal compliance

15. The College will comply with all applicable standards, laws, requirements, regulations and public/customer expectations. Legal compliance, including keeping abreast of relevant legislative changes, will be the responsibility of the Registrar and Director of Legal services. Broader cultural compliance will be the responsibility of the Chief Executive Officer (CEO).

[2] Scope 2 emissions are indirect greenhouse gas emissions caused by an organisation consuming purchased electricity, steam, heating, or cooling.

E&S operational plan & review

16. The Policy, Insight, and Public Affairs (PIPA) team will be responsible for developing and maintaining an operational plan for delivery of this policy, which will be reviewed by the Advancement of the Professions Committee (APC) at each meeting, and other committees will be engaged in the work where appropriate. PIPA will also review the policy annually to ensure it remains current.

17. Delivery of internal policy, including iiE accreditation, will be delegated to the College's staff Green Team, with support from PIPA. APC will review the overall E&S policy on an annual basis to ensure that it remains current and ambitious. Six-monthly progress reports against the iiE criteria will be given to the Senior Team, and an annual update will be presented to staff, and a summary of progress will be reported annually on the E&S policy page. Overall responsibility for upholding this policy lies with the Chief Executive Officer.

Signed:

Lizzie Lockett, Chief Executive Officer

DRAFT

RCVS Environment & sustainability operational plan - table

Introduction

1. This table sets out the UKHACC commitments and the iiE criteria, and progress towards them.

Sections

1.	The UKHACC commitments
2.	Investors in the Environment criteria

The UKHACC commitments						
	Commitment	**Teams**	**Due date**	**Status**	**Next steps**	**Notes**
1)	**Declare that the climate emergency is a health emergency**	PIPA, Coms	31 December 2026	Final stages	Approved by APC, October 2026. Paper seeking approval by RCVS Council, November 2026. Publication & declaration before 31 December 2026.	Now a mandatory commitment with a deadline set for 31 December 2026. PIPA working with Coms on a communications plan for this, linked with publication of our E&S policy providing Council approves in November.
2)	**Greener banking and investment**	Finance, PIPA	December 2029	Early stages	Possible 2027 working party to consider options for decision by the Finance and Resources Committee (FRC).	The RCVS divested from fossil fuel investments following the 2021 E&S working party recommendations, but retains a small indirect exposure via pooled investments. Need to identify banks that could meet the needs of RCVS and that have a good credit rating .

The UKHACC commitments						
	Commitment	**Teams**	**Due date**	**Status**	**Next steps**	**Notes**
3)	**Move to 100% renewable power and heating, where possible** (see also iiE criteria – 4.13)	Green Team, Facilities, PIPA.	December 2029	In progress	Carbon offsetting paper (tied to broader net zero ambition). Green team work with iiE Facilities are in the process of reviewing our energy providers. Consider signing the Fossil Fuel Treaty Initiative – agreed by APC in Oct 26, paper to Council in November 26.	Work is currently progressing with iiE, and PIPA have already worked on a carbon offsetting paper which will be incorporated into a further paper reflecting the updated commitment.
4)	**Make Catering Sustainable** (see also iiE criteria 1.5 on sustainable procurement)	PIPA, Facilities.	December 2029	In progress	RCVS sustainable food policy paper to APC & Council) early 202.	APC already adopted meat-free catering from 2025.
5)	**Support all individuals to take the same action**	RCVS Fellowship, RCVS Knowledge, APC, PIPA.	December 2029	Early stages	Consultation with relevant teams & stakeholders. Make use of the Vet Sustain roundtable outcomes. Development of a strategy making use of RCVS Upstream and Royal College functions.	Linked to Commitment 6, may be delivered together. Includes net zero work e.g. carbon calculation.

The UKHACC commitments						
	Commitment	**Teams**	**Due date**	**Status**	**Next steps**	**Notes**
6)	**Use the professional, political and public voice to support action on climate change**	RCVS Fellowship, RCVS Knowledge, APC, PIPA.	December 2029	Early stages	Consultation with relevant teams & stakeholders. Development of a strategy making use of RCVS Upstream and Royal College functions.	Linked to Commitment 6, may be delivered together. Signing the Fossil Fuel Treaty, and declaring a climate health emergency (commitment 1) will help to meet this commitment.
7)	**Change Transport** (see also iiE criteria Section 4 – travel plan)	PIPA, Green Team.	December 2029	Final stages	Internal approval of new travel policy outline, followed by development of adetailed plan. iiE approval.	

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
Section 1	**Environmental Policy**					
1.1	**Is there an environmental policy in place?**	Environment policy document available.	n/a	Final stages	Draft E&S policy approved by APC (with suggested amendments), October 2026. Paper seeking approval by RCVS Council, subject to further consultation, November 2026.	
1.2	**Has it been signed by senior management?**	Senior management/board approval.	Senior management are more involved, with evidence to support. This can be sign off of actions. Minutes from end of year review meeting. Evidence of communication from senior management including additional ideas, actions, etc.	Final stages	To be signed once approved as per 1.1. Annual PIPA review built into the policy, for sign-off by CEO.	

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
1.3	**Is it up to date?**	Either signed annually, or evidence that policy has been reviewed annually. Where applicable, longer review periods are possible if that is process within the organisation.		Final stages	E&S Policy includes annual review by PIPA and APC.	
1.4	**Is it relevant to the current business practices?**	Environmental impacts of business activity listed.	The business context including stakeholder/interested parties has been reviewed and where necessary taken into account (evidence required). If applicable; Life cycle consideration for product or impact of the value chain has been reviewed and potential impact has been taken into account.	In progress	Informal consultation has taken place at the Vet Sustain roundtable. Full open consultation following November Council.	

1.5	**Does it commit to reducing the environmental impact of the business?**	Generic statement listing commitment/ listing impacts with commitments to reduce.	Commitment is demonstrated further by developing and working to a sustainability strategy that includes the direct impacts of the organisation as well as the impact of its value chain. The strategy should include all areas of impact and what actions and targets the organisation has, over and above the general actions on resource use. Sustainability procurement / purchasing policy in place, with weighting around how sustainability is to be assessed when purchasing goods / services that is reviewed over time.	In progress	The Net Zero commitment for the College and ambition for the wider profession should make us compliant. Consider whether we can reach outstanding through a sufficiently granular understanding of our impact.	
1.6	**Does it commit to legal compliance?**	Generic statement of legal compliance. Someone in the organisation must be aware of and	Able to demonstrate knowledge of legal commitment or evidence further actions taken by	Early stages	Agree details with Registrar. Discuss website options with iiE.	iiE policy template suggests including “Compliance with all applicable standards, laws, requirements, regulations and public/customer expectations”

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
		kept up to date with compliance.	registering with legal website, body, etc.			as an action within the policy.
1.7	**Does it identify an environmental champion responsible for implementing policy?**	Individual, team or department listed.		Final stages	Sign-off policy	PIPA has overall policy responsibility, Green Team responsible for iiE accreditation.

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
1.8	**Is it available to all staff e.g. displayed on a notice board, accessible via intranet, part of staff handbook?**	Policy on noticeboard, on intranet / shared drive.	Policy built into website with outline of sustainability commitment and actions. Integrated induction with policy and/or education for new starters including actions on resource management. Annual test/review for all staff to be kept up to date with environmental actions and strategy of organisation. This could be role specific.	In progress	Sign-off policy. Agree website publication with Coms. Agree integration with new-starter inductions with People Team. Agree to integrate an annual E&S update into the all-staff meetings with Senior Team.	
Section 2	**Measure Resource Use**					

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
2.1	**Have the resources used and measurement technique been explained?**	A document that outlines the use of each resource within the organisation and how the data is collected must be produced. Explanation available from review on resources. Green Champion understands uses.	Further impact assessment carried out to understand how resources are used. within processes of the organisation and where heavy use of each resource exists. Include understanding of areas where physical changes can be made (control) or only behavioural changes can be made (manage).	Yes, documents have been created to detail the useage and measurements of our chosen resources.		Resources are: Electricity, water consumption, onsite printing, event printing and recycling rates.
2.2	**Is there 12 months of robust baseline data for all nominated resources?**	Either 12 individual months, or 12-month total (one year) of data available.		Yes	12 months almost complete by deadline Collate data into suitable format.	
2.3	**Do you record all nominated resources?**	**Bronze** / **Silver**: Quarterly **Green**: Monthly	**Bronze** / **Silver**: Monthly, or better **Green**: Weekly / half hourly / live data	Complete		

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
2.4	**How frequently do you monitor your nominated resources?**	All: Minimum of half yearly	**Bronze** / **Silver**: Quarterly, or better **Green**: Monthly, or better	Complete		Electricity, Water: **Twice weekly** Recycling rates, Internal printing, Event printing: **Monthly**
2.5	**Are readings taken directly from the meter?**	**Bronze** / **Silver**: Data is recorded from invoices. **Green**: Where possible, meter readings are taken.	**Bronze** / **Silver** only: Readings are taken directly from the meter	Complete		Water and Electricity are taken from the meter in kWh and m3
2.6	**What is your baseline use for:**	Total value for baseline year per resource.		In progress	Record baseline at end of baseline year.	Baseline for each resource is complete, baseline is Dec 2025 – Nov 2026
2.7	**What is your previous year's use for:**	Total value for previous year per resource (if different to baseline)		In progress	Calculate at end of baseline year.	
2.8	**What is your current use for:**	Total value for current year per resource.		In progress	Calculate at end of year 2.	
Section 3	**Set targets and performance**					

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
3.1	**What were your 'current year' targets for:**	Target set per resource for current year performance.		Baseline year - Not applicable		
3.2	**What progress have you made against baseline:**	**Bronze**: Percentage calculated with understanding of performance. **Silver/Green**: Percentage improvement calculated. Evaluation and analysis provided to support.	Sum of, 5% reduction or more per year, from baseline to current year	Baseline year - Not applicable		

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
3.3	**What progress have you made towards current year targets:**	**Bronze**: Percentage calculated with understanding of performance. **Silver**/**Green**: Percentage improvement calculated. Evaluation and analysis provided to support.	5% reduction or more	Baseline year - Not applicable		3.1 – 3.9: Consulting with iiE in regard to this section. This year is our baseline year and we have not completed 3.1 as this new building and way of working are new to the RCVS. We cannot predict how much resource we would use in order to set SMART targets for current year.
Step 4	**Action plan**					

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
4.1	**Do you have an action plan for each resource?**	Action plan in place, covering each measured resource.	Has action plans in place for more than just the measured resources. For example, this could be gas, water, electric in serviced office. Management of external actions which include projects, staff engagement, community activities, staff commuting or actions from the travel plan, etc. Any action plan that supports the efforts of the organisation in its full context.	Complete		
4.2	**Does this set out actions to achieve your targets for each resource?**	Adequate level of actions in place to support achievement of target.		Yes	We need to set SMART targets for next years resources in order to create targets.	

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
4.3	**Are actions assigned a completion date?**	Dates set for completion / review.		Yes		
4.4	**Are actions assigned a member of staff responsible for ensuring they are completed?**	Responsible person named against action.		Yes		
4.5	**Can you demonstrate progress through the action plans?**	Actions are in place and evidence available.		Yes		

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
4.6	**Have you documented all actions planned / undertaken, and are the results of these actions documented?**	All actions have been documented and comments attached to each action.	Clear and precise explanation of outcome or action requirement on all relevant actions, with updates to demonstrate action plan is regularly being reviewed and along with performance. Good link between analysis and new actions introduced for specific resources, where applicable.	In progress		
Step 4	**Additional Actions**					

4.7	**Do you have a waste management plan in place?**	Waste is being separated into recycling and general, as a minimum. Signs and education in place with draft management plan detailing how waste is managed. **Silver/Green:** Waste management starts to include inputs to business and how they are managed.	Strong structure of recycling with various streams of segregation (where possible), including clear signs on bins, robust education and good levels of communication. Clear understanding of waste process within premises. This includes an understanding of inputs, management of waste within the organisation and outputs, with improvements made where possible to any of these areas. Waste audits carried out where applicable, with actions taken to reduce waste input, improve management and output.	Complete		Waste streams include: general, recycling, food waste, batteries. Signs are on bins
4.8	**Is this adhered to?**	Adherence checks are done regularly and reported on. Evidence of communication is		Yes		

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
		available.				
4.9	**Have you adopted a travel plan?**	Travel plan is in place and is reviewed annually. Strong plan with clear understanding of travel requirements. Actions in place or implemented regularly and can be demonstrated. Plan may include: objectives and policy for business-required travel that falls within the scope of management control (e.g. fleet management, policy for booking travel).	Policy includes support and initiatives for travel that falls outside of management control, but can be influenced by it. Such as, practices introduced to guide staff towards active or sustainable travel for meetings or other work related travel (e.g incentives for rail journeys, car sharing, availability of secure cycle storage, pool cars, EVs, car park management, etc) Support and communication for staff commuting or travel for other site users (e.g. Cycle to Work Scheme, route maps published on website, travelcards, etc).	In progress	Seeking Senior Team approval for travel policy, which will aim to meet the iiE outstanding criteria, ahead of iiE paperwork submission 17 November/audit 21 December 2026.	

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
4.10	**Has there been an increase in sustainable travel this year?**	Annual survey / monitoring is carried out with all staff.	Improvement can be demonstrated.	Not applicable/In progress	Develop plan to record travel by type for the purposes of carbon calculation. Previous travel expenses audit? Benchmark survey for staff commuter travel?	
4.11	**Does the plan/policy include all significant environmental impacts of business transport?**	Relevant to business. Plan to include commuting and/or business travel.	Stand-alone travel document in place for staff, highlighting opportunities available to them for alternative travel. Available options for alternative business travel including a guide on efficient travel and road safety.	Early stages	Once plan approved, develop suitable staff resources.	

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
4.12	**Have you calculated your carbon footprint and set targets to reduce it?**	Carbon calculation done with target set to match resource target. Bronze: Resource data from buildings (Scope 1 & 2) Silver: Resource data from buildings, travel, or other Resources measured, where possible (Scope 1 & 2; some Scope 3 if possible). Green: Resource data from buildings, travel, or other resources measured, where possible (Scope 1, 2, and 3).	They should also include significant Scope 3 emissions that can be influenced by management control, such as: • Business car mileage • Waste • Flights (recorded as domestic/ international + short haul/long haul)	In progress	Facilities/Green team to use iiE carbon calculator. Before 17 November iiE submission. Establish targets (*see 4.13-14 for 4%/5%+ target*).	

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
4.13	**Does the carbon Footprint include all significant environmental impacts of business?**	See above guidance in 4.12. All levels: Scope 1 and 2 reporting. Bronze & Silver: Scope 3 optional. Silver level should include grey fleet in footprint, as this links to the travel plan. Green: Some Scope 3 impacts included The criteria will give credit to organisations on a sliding scale for carbon emissions performance based on achievement of the 2% improvement and the quality/robustness of the footprint.	All aspects of business performance has been included and carbon associated has been calculated. Net-zero performance (which includes offsetting); and science based target setting (generally 4% reduction or more).	In progress		

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
4.14	**What carbon savings have you made this year?**	Carbon savings calculated.	Better than 5% improvement. This can be considered for individual scopes, should you make significant savings in energy but not travel - as an example.	Not applicable/ Early stages	Establish benchmark. Track progress.	
Step 4	**Projects**					
4.15	**Have you included other environmental/staff projects as part of your plan?**	**Bronze:** 1 project undertaken with significant impact. **Silver:** 2-3 actions undertaken with significant impact. **Green:** 3-4 actions undertaken with significant impact.	**Bronze:** More than 1 project undertaken with significant impact. **Silver:** More than 3 projects undertaken with significant impact. **Green:** More than 4 actions undertaken with significant impact.	Yes		

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
4.16	**What are they?**	List all projects / activities.		Complete		Details of projects and activities are being gathered to collate into a single document for the EMS Other projects include: Winter coat scheme, Big garden birdwatch, Unwanted bauble projects, seed library, Garden on balcony for insects See also offsetting paper – some options may result in volunteering projects that can be counted against this criteria.
Step 5	**Progress Reporting and communication**					

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
5.1	**Do you present progress to senior management and staff?**	**Bronze**/**Silver**: Annual report or statement sent to management and staff with evidence (see Guidance related to business size and scale of communication). **Green**: Half yearly reports to management and staff with evidence. Demonstrate that SMT have carried out a review of annual performance.	Regular reporting; anything more frequent than the minimum requirement along with an end of year report. Senior management review carried out with input into target setting and future targets/goals. Sustainability report or statement is published publicly. This could be publishing the executive summary of the iiE audit report or publishing a sustainability section within their annual report.	In progress	iiE/Green Team progress has been added to future ST agendas	

The Investors in the Environment (iiE) criteria						
	Criteria	*Compliant*	*Outstanding*	**Status**	**Next steps**	**Notes**
5.2	**Do you regularly communicate/ engage with staff?**	Regular communication with staff, meetings, posters, etc. Some engagement where possible.	Regular and consistent communication with staff. Regular engagement, with numerous staff activities, staff ownership of actions, activity weeks, etc.	Complete	Green team have a schedule for engagement for the rest of the year including monthly loo news supplements, a ‘greenzine’ and other activities and initiatives	

Summary

Meeting	Council
Date	5 November 2026
Title	(Draft) RCVS Governance Manual (working title)
Summary	Draft Governance Manual providing details of RCVS governance in a broad sense, that focusses on primary information, oversight and reporting lines where matters are delegated to committees and elsewhere.
Decisions required	Council is asked to consider and approve the draft Governance Manual (working title) for conversion into webpages (subject to any further minor amendments).
Attachments	Annex A – Draft Governance Manual
Author	Dawn Wiggins Secretary, Council 020 7202 0737 / d.wiggins@rcvs.org.uk

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Annex A	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

Council

(DRAFT) Governance Manual (working title)

Background

1. Historically, all of the policies and procedures for the College were kept in hard copy in the Executive Office, many (but not all) of which had also been in pdf format on the RCVS website. This is now outdated practice as the College operates paperless where possible; much of the documentation has since been updated; and the website has been rebranded and reformatted meaning that pdfs are no longer included online unless absolutely necessary.

2. As there is no overview in one place of how the College is governed, Audit and Risk Committee (ARC) requested that a Governance Manual be produced to ensure all of the basic information is contained within one area that would be available to the profession and the public. As such, once the manual has reached the point of completeness for publication, the intention is to adapt it into 'live' webpages that the Governance Team can amend as soon as any changes to policies are made. In addition, that the information will be checked in its entirety on an annual basis at ARC – it is suggested that this take place by the scheduled May committee meeting in order to reach June Council in any given year for any substantive changes.

3. The draft manual was first considered by ARC in November 2023 and again in May 2026, and it has been substantially reformatted following guidance from the Committee, and the Registrar, as to layout and content required – in particular that it should be:

    - governance in a broad sense;
    - a maximum of 100 pages;
    - bite-sized pieces of information;
    - include links where possible;
    - an alphabetical list not 'how we do things';
    - group similar items together in sections;
    - focus to be on the primary information: who / how / why / what (adapted to: role, membership, appointment basis, terms of office, meetings, chair, secretary and information on subcommittees and further reading)
    - the kind of decision-making and its relevance to the organisation;
    - include organograms at the start of the document.

4. Thereafter, RCVS Senior Team reviewed the draft at its meeting on 8 June 2026, and its proposed amendments have been incorporated. Updates made to policies at, and since, the scheduled June 2026 Council meeting e.g. RCVS Delegation Scheme; Code of Conduct for Council members, Registration Reviews and Appeals Rules, etc., have also been taken into account.

5. Council is invited to consider the structure, inclusions, usefulness of the manual prior to its adaption into webpages – it should be noted that if Council felt any policy mentioned within it required amendment, then that policy would need to go to the appropriate group or committee for consideration and agreement before the manual can be subsequently updated.

Decision required

6. Council is asked to consider and approve the draft Governance Manual (working title) for conversion into webpages (subject to any further minor amendments).

RCVS Governance Manual

DRAFT

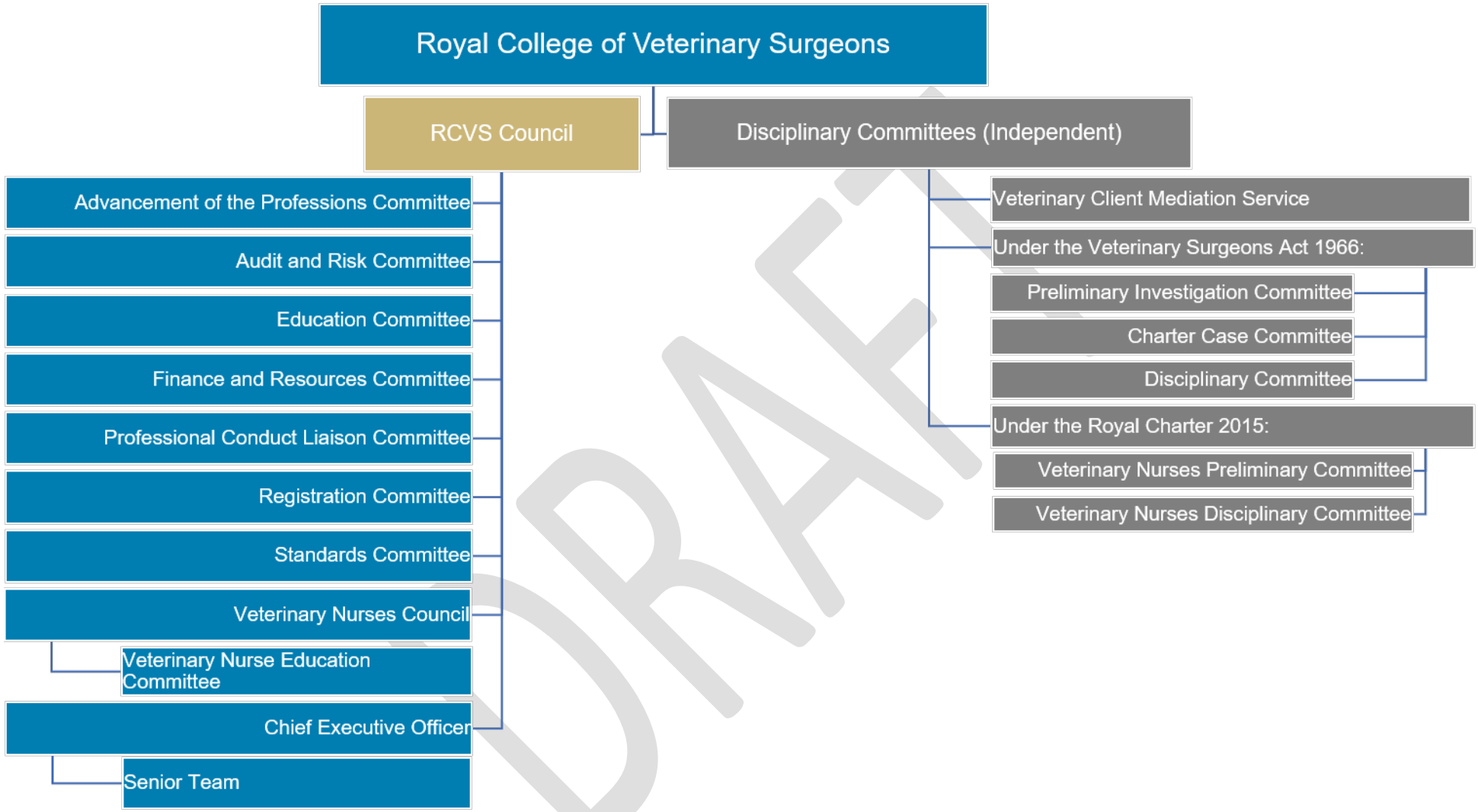
Table of contents

Section number	Section heading	Page number
	Organograms	Page 4
	Introduction	Page 8
1	Overview	Page 9
2	RCVS Council	Page 12
3	Officer Team	Page 16
4	Non-statutory (Standing) Committees of RCVS Council	Page 19
4.2	Advancement of the Professions Committee	Page 19
4.3	Audit and Risk Committee	Page 20
4.4	Education Committee	Page 22
4.5	Finance and Resources Committee	Page 23
4.6	Nominations Committee	Page 24
4.7	Professional Conduct Liaison Committee	Page 25
4.8	Registration Committee	Page 26
4.9	Standards Committee	Page 27
4.10	Veterinary Nurses' Council	Page 29
4.11	Veterinary Nurses' Education Committee	Page 30
5	Statutory Committees and Disciplinary Structures	Page 32
5.2	Preliminary Investigation Committee	Page 32
5.3	Disciplinary Committee	Page 33
5.4	Charter Case Committee	Page 35
5.5	Veterinary Nurse Preliminary Investigation Committee	Page 36
5.6	Veterinary Nurse Disciplinary Committee	Page 37
5.7	Policy for handling concerns about members of the Preliminary or Disciplinary Committees	Page 38
6	Appeals Governance	Page 40
6.1	Accreditation of Veterinary Programme Appeals Committee	Page 40
6.2	Charter Case Committee – review against decisions	Page 41
6.3	Disciplinary Committee – appeals against decisions	Page 41
6.4	Examinations Appeals Committee	Page 42
6.5	Fellowship Board – appeals against decisions	Page 45
6.6	Registration Appeals and Reviews Committee	Page 46
6.7	Specialist Recognition and Advanced Practitioner Appeals Committee	Page 48
6.8	Veterinary Nurse Disciplinary Committee – appeals against decisions	Page 48
7	Electoral Governance	Page 50
7.1	Council Elections – from within/by the profession	Page 50
7.2	Officer Team Elections – from within/by RCVS Council	Page 50
7.3	Chairs of Standing Committees (Advancement of the Professions, Education, and Standards, Committees) Elections – from within/by RCVS Council	Page 50
7.4	Vice-Chair of Standing Committees Elections – from within/by Committees	Page 51
8	Financial Governance	Page 52

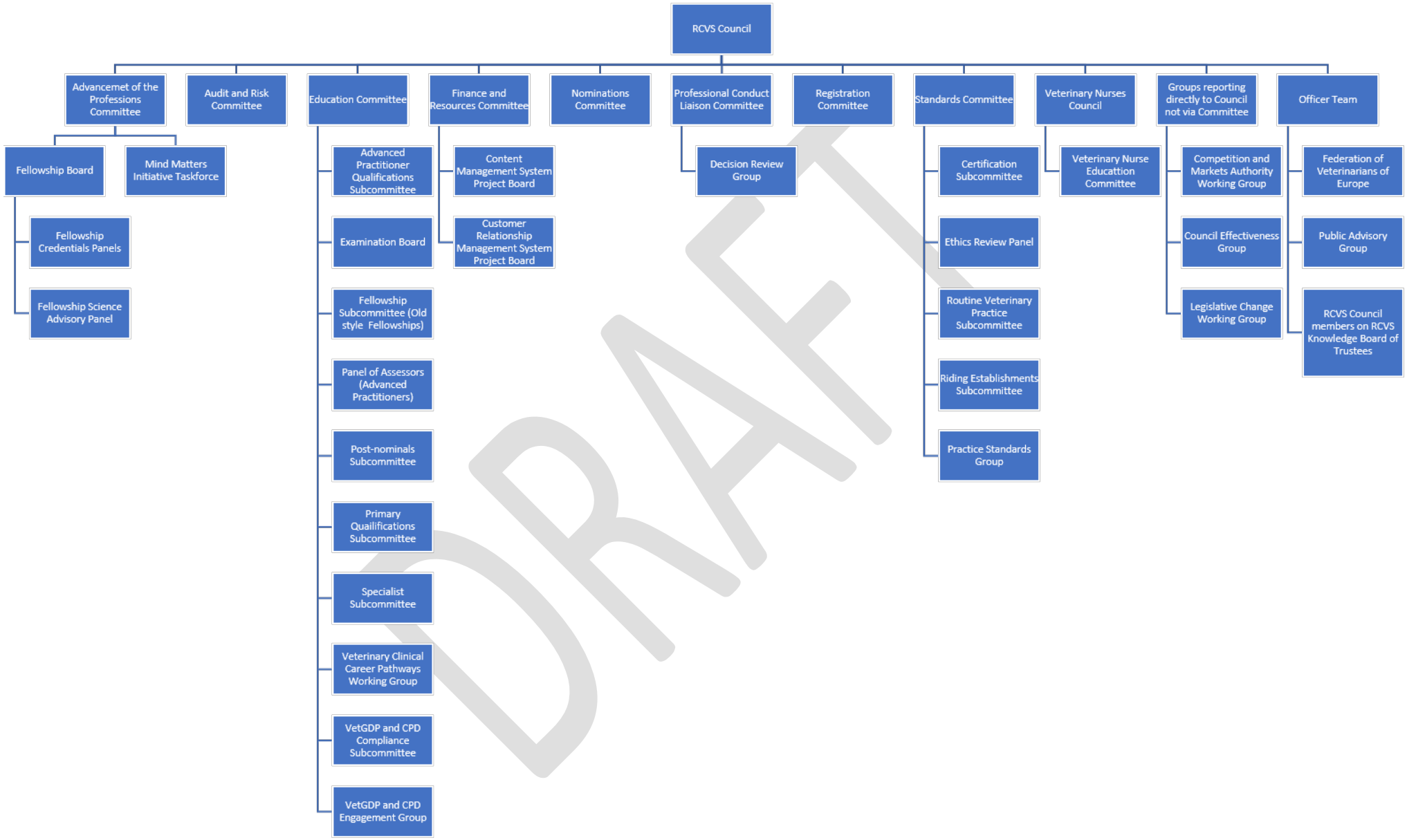
DRAFT

9	Registration Governance	Page 53
10	External Governance and communications to wider veterinary professions	Page 54
11	Executive Leadership	Page 56
12	Summary Governance Structure	Page 58
12.1	RCVS Governance	Page 58
12.2	Review of Assurance	Page 58
12.3	Summary of Delegation Scheme	Page 58
12.4	Matters Reserved for Council	Page 60
13	Three Lines Model (Assurance Map)	Page 61
14	Assurance Framework (Committee Risk Mapping)	Page 62
15	RCVS Knowledge	Page 64

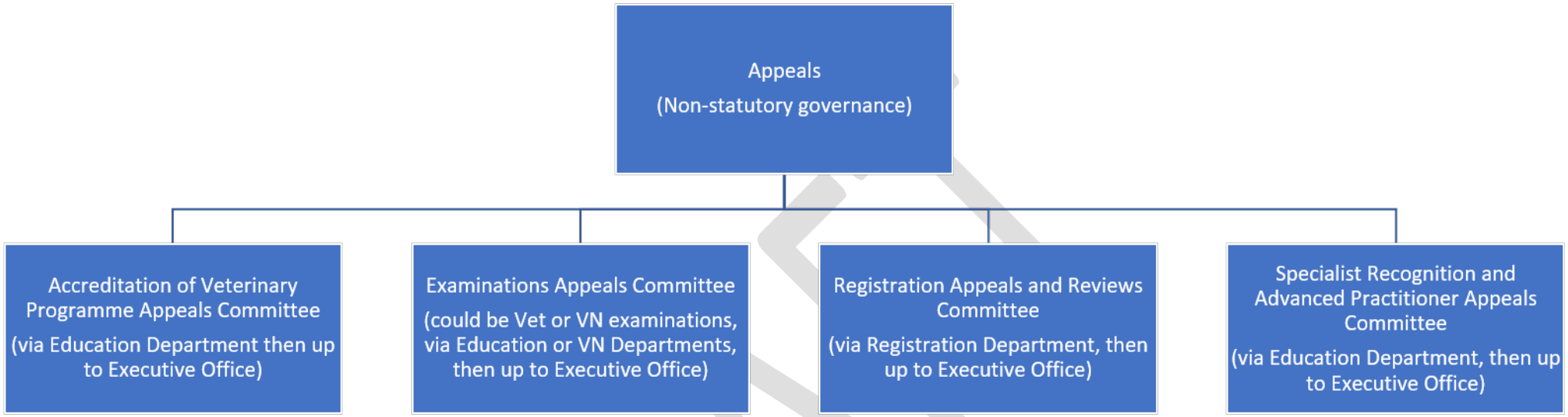
DRAFT


Royal College of Veterinary Surgeons
RCVS Council
Disciplinary Committees (Independent)
Advancement of the Professions Committee
Audit and Risk Committee
Education Committee
Finance and Resources Committee
Professional Conduct Liaison Committee
Registration Committee
Standards Committee
Veterinary Nurses Council
Veterinary Nurse Education Committee
Chief Executive Officer
Senior Team
Veterinary Client Mediation Service
Under the Veterinary Surgeons Act 1966:
Preliminary Investigation Committee
Charter Case Committee
Disciplinary Committee
Under the Royal Charter 2015:
Veterinary Nurses Preliminary Committee
Veterinary Nurses Disciplinary Committee

DRAFT


RCVS Council
Advancemet of the Professions Committee
Audit and Risk Committee
Education Committee
Finance and Resources Committee
Nominations Committee
Professional Conduct Liaison Committee
Registration Committee
Standards Committee
Veterinary Nurses Council
Groups reporting directly to Council not via Committee
Officer Team
Fellowship Board
Mind Matters Initiative Taskforce
Fellowship Credentials Panels
Fellowship Science Advisory Panel
Advanced Practitioner Qualifications Subcommittee
Examination Board
Fellowship Subcommittee (Old style Fellowships)
Panel of Assessors (Advanced Practitioners)
Post-nominals Subcommittee
Primary Quailifications Subcommittee
Specialist Subcommittee
Veterinary Clinical Career Pathways Working Group
VetGDP and CPD Compliance Subcommittee
VetGDP and CPD Engagement Group
Content Management System Project Board
Customer Relationship Management System Project Board
Decision Review Group
Certification Subcommittee
Ethics Review Panel
Routine Veterinary Practice Subcommittee
Riding Establishments Subcommittee
Practice Standards Group
Veterinary Nurse Educattion Committee
Competition and Markets Authority Working Group
Council Effectiveness Group
Legislative Change Working Group
Federation of Veterinarians of Europe
Public Advisory Group
RCVS Council members on RCVS Knowledge Board of Trustees

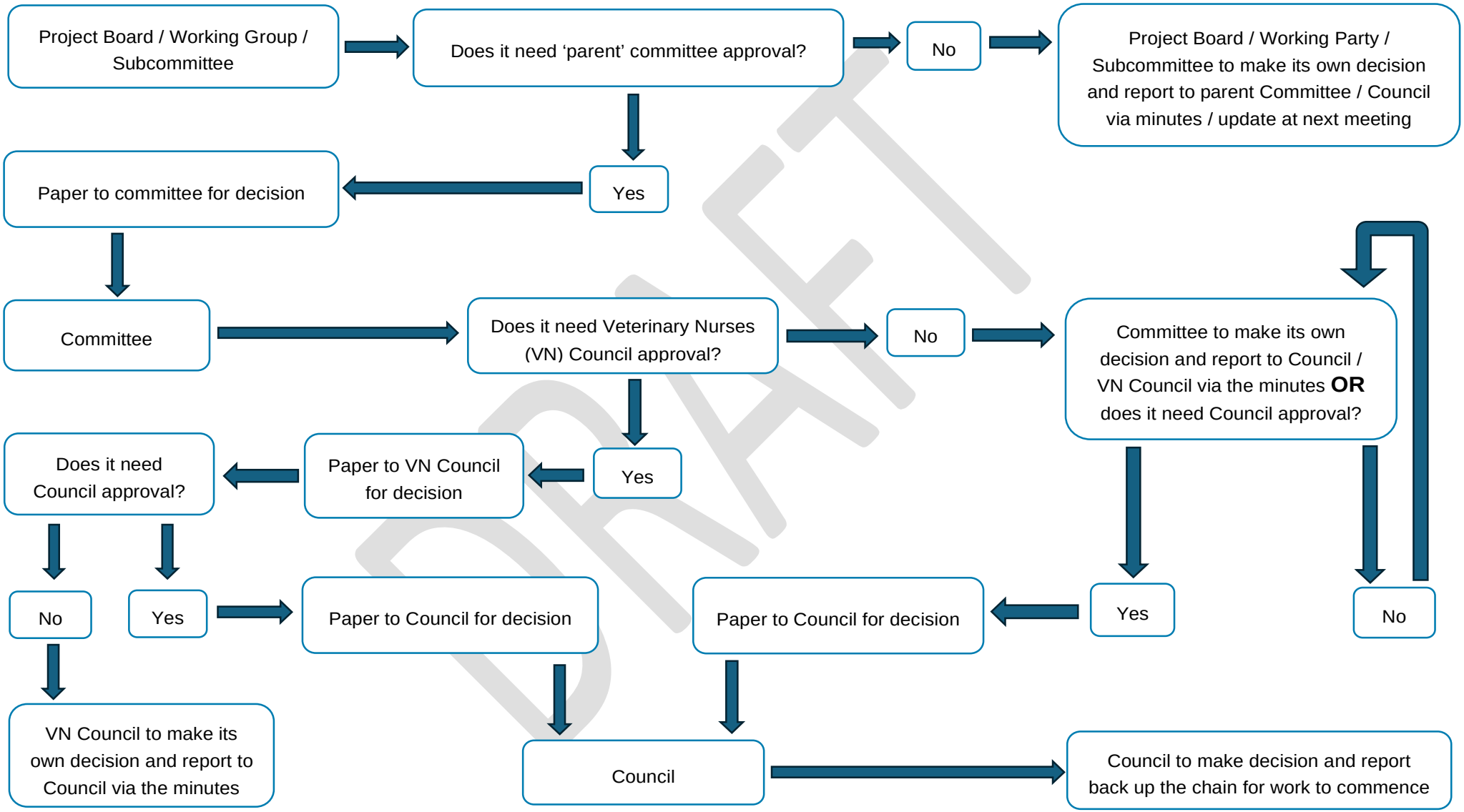
DRAFT



Originating department will collate the information. With the exception of Fellowship appeals, the Executive Office runs the administration for the various appeals processes; Fellowship appeals are now entirely dealt with by the Fellowship Board.

DRAFT

How decisions are made



DRAFT

Introduction

This Governance Manual outlines how the Royal College of Veterinary Surgeons (RCVS) is governed. It sets out its role and governance framework to provide clarity around decision making and accountability in the broader sense. Each section contains suggestions for further reading for more in-depth information.

Any part of this Governance Manual may be amended or revoked by Council at any time. Amendments to any documentation or policies agreed by Council for elements of the governance framework will automatically be incorporated into the Governance Manual.

Council has delegated to the Audit and Risk Committee (ARC), and subsequently the Secretary to ARC, the authority to make minor updates to web links, job titles, and correction of typographical errors within the Governance Manual.

DRAFT

1. Overview

1.1 Legislative and regulatory framework

The Royal College of Veterinary Surgeons (RCVS) is created by the Royal Charter of 1844, which sets out the purpose of the College and its responsibilities. The responsibilities of the College were updated in two supplemental Charters, the most recent being in 2015.

The Objects of the College are:

> 'To set, uphold and advance veterinary standards, and to promote, encourage and advance the study and practice of the art and science of veterinary medicine, in the interests of the health and welfare of animals and in the wider public interest.'

Under the Supplemental Charter 2015, the RCVS undertakes various activities, including:

- Registration and regulation of veterinary nurses
- Creating and maintaining a voluntary accreditation scheme for veterinary practices (Practice Standards Scheme (PSS))
- Accreditation of veterinary education, training and qualifications, other than as provided by the Act in relation to veterinary surgeons
- Working with others to develop, update and ensure co-ordination of international standards of veterinary education

Veterinary Surgeons Act 1966

The Veterinary Surgeons Act 1966 (VSA) sets out the obligations and powers of the RCVS for regulating veterinary surgeons and includes details about how Council is constituted. The VSA sets out the obligations of the RCVS to:

- Maintain the Register of veterinary surgeons
- Supervise and set standards for undergraduate education
- Recognise qualifications
- Supervise the professional conduct of veterinary surgeons

1.2 Governance principles

How Council members work

In order to enable the Royal College of Veterinary Surgeons to fulfil its vision, and to discharge its functions under its Royal Charter and the Veterinary Surgeons Act 1966, RCVS Council members will:

- Abide by the Nolan Principles of Public Life
- Work in the best interests of the public, and of animal health and welfare and public health
- Respectfully listen to the voices of the professions, the public and other stakeholders, and reflect them in discussions where appropriate, ensuring they are put into context
- Neither be answerable to, nor represent, any group of individuals
- Support the College's vision and work towards the success of the College and its functions
- Live the College's values

DRAFT

- Act at all times in a constructive, supportive and compassionate manner
- Exercise a duty of care to the staff employed by the College, working through the CEO and Registrar
- Recognise the importance of a collegiate atmosphere where robust discussion is welcomed in the formation of policy and multiple points of view are listened to and respected
- Ensure that the confidentiality of Council business is respected and adhered to, and RCVS information governance policies are complied with
- Respect and support the decisions made by Council when communicating externally
- Comply with the duty of candour in relation to work at the RCVS
- Communicate College activities and positions to relevant stakeholders
- Abide by the Code of Conduct for Council and Committee members

Nolan Principles

- All participants adhere to: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership

Duty of Candour

- Council members must cooperate proactively with honesty, transparency and frankness with inquiries and investigations. Council members must provide reasonable assistance to help an inquiry or investigation meet its objectives and must not cover up wrongdoing
- Council members must act in accordance with the duty of candour in all matters relating to their work with the RCVS. Council members must not deliberately or recklessly mislead the public

Conflicts of Interest

- Declared on appointment and annually: form sent out and responses collated by the Council Secretary in order to update individual member web pages
- Declared at meetings as required
- Managed through recusal or restriction
- Policy for managing potential conflicts of interest (+ Decision Tree visual representation) – available from Council Secretary

Meetings – general information

- Principle for Council and VN Council meetings to be held in public, unless classification of papers determines otherwise
- Agendas will clearly state business to be transacted and classifications of papers
- Rules of debate incorporated in the Meeting Procedure Rules and include:
    - Voting
    - Remote participation
    - Minutes
    - Chairing

Information policies

- All Council members and RCVS staff adhere to the College's information policies that are based on the General Data Protection Regulation and the Freedom of Information Act 2000.

DRAFT

Further reading

How Council members work – available from Council Secretary, on the end of each Council meeting agenda loaded to the Council meeting pages on RCVS website

Meeting Procedure Rules 2021 – available from Council Secretary

DRAFT

2. RCVS Council

Legislative basis: VSA 1966 Schedule 1; The Legislative Reform (Constitution of the Council of the RCVS) Order 2018 Order (2018 LRO)

Role

- Management and superintendence over the affairs, concerns and property of the College (save those powers of removal from, suspension from, or restoration to, the Register of Veterinary Surgeons and Supplementary Register reserved to the Disciplinary Committee (DC) established under the VSA) (ie Governing body of the RCVS)
- Sets strategy and policy
- Approves budget and governance structures
- Appoints committees and key roles (CEO & Secretary, Registrar, Assistant Registrars)
- Can delegate the exercise of functions through a Delegation Scheme that is reviewed annually - maintains oversight through receipt of committee minutes and decisions reserved to it; Delegation Scheme provides for the option to co-opt external members onto committees when required
- Authorises the sealing of official documents with the College Seal
- Agrees to abide by the Code of Conduct for Council (and committee) members
- Agrees Policy for handling complaints against Council (and Committee) members
- Agrees 'How Council members work' document

Membership

- Exact composition numbers are defined in Schedule 1 of the Act and subsequent Orders amending Council composition:
    - 13 elected veterinary surgeons, as provided under Schedule 1 of the VSA 1966 (as amended)
    - Six appointed lay members, appointed to represent public interest in accordance with modernised governance reforms (2018 LRO)
    - Three appointed Veterinary Schools Council (VSC) members (registrant or lay) representing the nine UK universities with an RCVS-accredited degree
    - Two appointed veterinary nurses (VN) from within Veterinary Nurses' Council (VNC)
    - Chief Veterinary Officer (CVO) (role designated by UK government department) acts as Observer who has no voting rights
- Council members are not elected or appointed to represent any constituency, and all have a responsibility equivalent to trustees for the governance of the College
- 2018 LRO limits members to a maximum of three consecutive terms of up to four years duration subject to re-election at the end of each term, before a mandatory break of two years is required

  Note: Veterinary Nurses' Council Terms of Reference limit its members to three consecutive terms of up to three years each, which means they would never reach the maximum duration for terms on Council

DRAFT

Terms of Office

General provisions

- A member may at any time, by notice in writing addressed to the Registrar, resign their office as member and the President or Vice-President of the College may at any time by a like notice resign their office as such
- A member of the Council may be removed from office if the member fails to satisfy any conditions of fitness to be a member that are determined by the Council. The procedure for removal of a member from office is determined by Council (Policy for handling complaints against Council (or Committee) members
- Elected or appointed members of Council cease to hold office if the member ceases to be a member of the College or to be a lay person (2018 LRO)
- The Veterinary Surgeons Act (VSA) 1966 dictates that a member elected or appointed to fill a casual vacancy shall serve the unexpired portion of the predecessor's term of office, this will count as a 'full term' and they will only be allowed to serve for a maximum of two further terms before taking a mandatory break

DRAFT

Membership and terms of office	Council Nov 26 AI 07c An A			
Membership type	**Elected veterinary surgeon (13 members)**	**Lay (six members)**	**Veterinary Schools Council (VSC) (three members)**	**Veterinary nurse (two members)**
Process	By annual election from within the profession on a rotational basis (three or four members per year). Election scheme approved by the Privy Council Office (PCO)	By a public appointments process. Must be someone who has not been on a veterinary register either as a vet or veterinary nurse.	By election held by VSC (separate organisation to RCVS – which has no influence on how VSC run their election process.) VSC elected members are then appointed to RCVS Council.	By an RCVS-approved appointment process.
Term of office	Typically four years in accordance with statutory provisions.	Typically four years in accordance with statutory provisions.	Typically four years in accordance with statutory provisions.	Typically four years in accordance with statutory provisions.
Casual vacancies by membership type	Filled by the unsuccessful candidate at the last previous ordinary election of such members who at that election received the greatest number of votes and has not since become a member; or If two or more such candidates received an equal number of votes, by the candidate who has been registered longest on the register or, if two or more such candidates have been registered longer than any other but for the same period as each other, by one of them chosen by lot; or If there were no unsuccessful candidates at that election, by a person appointed by the Council.	Filled by the appointment by the Council of a lay person.	Filled by appointment of those universities acting jointly.	Filled by the appointment of a Registered Veterinary Nurse by the Veterinary Nurses' Council.

DRAFT

Meetings

- Minimum notice requirements apply
- Typically six to eight meetings each year
- Quorum: nine full / voting members present (not including observers)

Chair

- President, elected annually from within Council
- Has a casting vote in addition to that person's original vote, whether or not that vote has been used, with the exception of elections to the offices of President, Vice-President, Treasurer and Chairs of standing committees

Secretary

- CEO

Subcommittees, panels and groups (reporting to Council)

- **Competition and Markets Authority Working Group (CMAWG)** – the CMA has undertaken an 'Investigation into the veterinary services for household pets' market', which has generated the need for remedies and Orders to be put into place that will affect College and veterinary practices and will require monitoring by the College
- **Council Effectiveness Group (CEG)** – to develop Councils (vet and veterinary nurses) by considering its collective skills and experience in a way that promotes working together to prepare for any future change
- **Legislative Change Working Group (LCWG)** – supports legislative reform

Further reading

RCVS Council | Royal College of Veterinary Surgeons
RCVS broadly welcomes CMA remedies but voices concern over certain recommendations | Royal College of Veterinary Surgeons
Code of Conduct for Council (and committee) members – available from Council Secretary
How Council members work – available from Council Secretary, on the end of each Council meeting agenda loaded to the Council meeting pages on RCVS website
Meeting Procedure Rules 2021 – available from Council Secretary
Policy for handling complaints against Council (and committee) members – available from the Council Secretary
RCVS Delegation Scheme (November 2025) – available from Council Secretary

DRAFT

3. Officer Team (OT)

Reports to: Council.

Role

- Oversees day-to-day management of College business, governance, and resources
- Acts as Remuneration Subcommittee that meets on an annual basis to decide policy on budget allocated to staff salaries as part of budget setting process – does not look at individual salaries
- May commission Task and Finish groups (project boards) to provide time-limited, focused input on a particular topic or issue. Typically, these will enable specific expertise or experience to be applied to achieve an agreed outcome, or for a range of relevant perspectives to be brought together quickly. It should be noted that where the work raises policy issues for the RCVS / the veterinary professions, a report will be made to Council in line with current practice
- May select one Observer for each of the non-statutory standing committees. If an Officer is on the Committee in another capacity, this additional Observer may not be required

Membership

- President
- Junior Vice-President
- Senior Vice-President
- Treasurer

Appointment

- Elected annually from within / by Council

Terms of Office

- Typically one year per role (with the exception of Treasurer, typically three years)
- Presidency roles form part of a three-year leadership cycle

Meetings

- Typically every two to four weeks
- The CEO, Registrar, Director of Operations, Director of Communications, Chair Veterinary Nurses' Council are invited to attend meetings

Chair & Secretary

- CEO

Subcommittees, panels and groups (reporting to Officer Team)

- **Federation of Veterinarians of Europe (FVE)** – the RCVS has representatives on the UK Co-ordination Group. FVE represents veterinary organisations from 38 European countries and veterinarians working in all different sectors
- **Public Advisory Group (PAG)** – enables the RCVS to better understand issues affecting the public, to provide feedback on proposed services, and inform future strategy, policy and consultation

DRAFT

3.1 President

Role

- Provides strategic leadership of Council and the College
- Chairs Council and General Meetings
- Represents the College externally
- Provides oversight and support to the CEO

Appointment

- Elected annually from within / by Council
- Elections to fill an ordinary vacancy in the office of President or Vice-President shall be held at the meeting of the Council at which the vacancy occurs (whilst we run the internal elections earlier, the outcome is not formally confirmed until the first Council meeting after the Annual General Meeting which is when the vacancy occurs)

Term of office

- Typically one year
- Where a casual vacancy occurs in the office of President or Vice-President of the College, the vacancy shall be filled by an election held at the first meeting of the Council after the vacancy occurs
- A person filling a casual vacancy among the members of the Council or in the office of President or Vice-President of the College shall hold office until the date on which the person whose vacancy they fill would have regularly retired

3.2 Junior Vice-President (JVP)

Role

- Supports President and undertakes delegated responsibilities
- Participates in leadership succession

Appointment

- Elected annually from within / by Council

3.3 Senior Vice-President (SVP)

Role

- Provides continuity and senior support to President
- Undertakes delegated responsibilities

Appointment

- Elected annually from within / by Council

3.4 Treasurer

Role

- Oversees financial governance, accounts, investments, assurance and building maintenance
- Chairs Finance and Resources Committee
- Observer on RCVS Knowledge Board of Trustees
- Provides support to Director of Operations

DRAFT

Appointment

- Elected annually from within / by Council (maximum Term of Office: three years)

Further reading

Officer Team | Royal College of Veterinary Surgeons

The Public Advisory Group | Royal College of Veterinary Surgeons

Role specifications for: JVP, President, SVP, Treasurer – available from Council Secretary

DRAFT

4. Non-statutory (Standing) Committees of Council

4.1 Overview

Standing committees are established by Council under delegated authority to support delivery of statutory and Charter functions. Each operates under approved Terms of Reference, reports to Council, and provides defined assurance; all of which are reviewed annually.

Where a joint meeting is held of two committees, each committee must be quorate in its own right. The Chair of such a meeting may be the Chair of either committee, or another member of either committee, at the discretion of the President. The Finance and Resources Committee and Audit and Risk Committee meet formally once per year to discuss the annual report and statement of accounts with the auditors, the Chair shall alternate between the Treasurer and the Chair of Audit and Risk Committee for this joint meeting.

The Officer Team may select one Observer for each of the non-statutory standing committees. If an Officer is on the Committee in another capacity, this additional Observer may not be required.

Subcommittees

The committees may appoint one or more subcommittees or working parties for such general or specific purpose as they may think fit, subject to approval of the Finance and Resources Committee and / or Council, and, subject to any contrary direction from Council, may on its behalf delegate to such subcommittees power to act in the name of the College and Council in relation to the matters set out in their terms of interest.

Subcommittees look in depth into agreed areas per their individual Terms of Reference and will report to their ‘parent’ committee – one of the main standing committees that has delegated authority from Council via the RCVS Delegation Scheme – decisions might be made by the subcommittee, the parent committee, or Council, depending on the severity. If the decision requires Council input, it is the responsibility of the Chair of the parent committee, in conjunction with the relevant Director / Senior Team member, to ensure that the matter is included in the Council agenda as appropriate.

4.2 Advancement of the Professions Committee (APC)

Reports to: Council

Provides assurance on: Professional advancement strategy, stakeholder engagement and impact.

Role

- Oversees initiatives that are non-statutory in nature and contribute to the advancement of the veterinary and veterinary nursing professions
- Supports (not limited to) research, leadership, innovation, professional development, mental health and wellbeing, equality diversity and inclusion

Membership

- To include:

  - Chairs of relevant working parties
  - Four members of Council (Chair, lay, veterinary surgeon, veterinary nurse)
  - Members of Senior Team
  - Other members co-opted as necessary
  - RCVS Knowledge Chair of Trustees is an invited member (observer)
- Quorum: majority of full / voting members present

Appointment
- By Council

Terms of office
- Typically three years

Meetings
- Typically three to four per year

Chair
- Elected from within / by Council annually
- Typically holds office for three-year period

Secretary
- From within Advancement of the Professions Directorate

Subcommittees, panels and groups (reporting to this Committee)
- **Fellowship Board** – oversees Fellowship strategy, sets criteria and approves process for Fellowship applications; undertakes appeals against unsuccessful Fellowship applications
  - **Fellowship Credential Panels (Clinical Practice, Knowledge, Profession)** – assess Fellowship applications (reports to Fellowship Board)
  - **Fellowship Science Advisory Panel (FSAP)** – provides scientific oversight on issues behind veterinary practice (reports to Fellowship Board)
- **Mind Matters Initiative (MMI) Taskforce** – serves in a deliberative capacity, acting as a facilitating group to promote MMI strategic activities.

Further reading

Advancement of the Professions Committee | Royal College of Veterinary Surgeons – subcommittees are found under parent committee

4.3 Audit and Risk Committee (ARC)

Reports to: Council

Provides assurance on: Governance, risk management, internal control and audit strategy and effectiveness.

Role
- Non-executive committee that has no executive powers except as outlined in Terms of Reference

- Provides independent assurance on governance, risk management and internal control systems and the escalation of material risks and control issues
- Oversees internal and external audit, and financial reporting integrity
- Reviews risk registers and mitigation plans
- Reviews financial controls, financial statements and governance systems
- Remit relating to accreditation functions of the College
    - Receives assurance that the quality assurance work undertaken by the College in relation to veterinary degree programmes and in veterinary nurse educational institutions is operating in accordance with its published procedures to contribute to compliance with the European Association for Quality Assurance in Higher Education (ENQA)

Membership

- Five members to include:
    - two Council members (one lay, one registrant, must not include President, Vice-Presidents, or Treasurer)
    - three external lay members with appropriate audit and risk and accounting expertise
- Can operate with fewer members while vacancies exist so long as quorum is maintained
- Quorum: three full / voting members present. For the purposes of the below mentioned joint meeting, each committee to be quorate in its own right

Appointment

- Council members: by Council
- External lay members: by independent public appointments process with formal ratification by Council

Terms of office

- Fixed term for Council members, typically three years
- External lay members typically four years, appointment renewable once for a further / final term

Meetings

- Not less than three meetings per year
- One meeting will be held jointly with Finance and Resources Committee (FRC) to discuss the Annual Report and Statement of Accounts with the Auditors

Chair

- External (non-Council) lay member, appointed by Council for a fixed term
- For the purposes of the annual joint meeting between ARC and FRC, Chair to alternate between the Chair, ARC and Chair, FRC (Treasurer)

Secretary

- From within the Operations Directorate

Further reading

Audit and Risk Committee | Royal College of Veterinary Surgeons

DRAFT

RCVS Risk Management Policy – available from Operations Directorate

4.4 Education Committee (EC)

Reports to: Council

Provides assurance on: Education quality, accreditation standards and competence outcomes.

Legislative basis: Derived from Council's powers relating to recognition of qualifications and education standards (Veterinary Surgeons Act 1966, s.3 and associated provisions); no specific statutory committee.

Role

- Sets standards for veterinary surgeon education
- Oversees accreditation of education programmes and qualifications in the UK and overseas
- Maintains day-one competencies
- Develops and reviews policy for Continuing Professional Development (CPD); initial eligibility and revalidation of RCVS Advanced Practitioner, and RCVS Specialist status; post-graduate training (Veterinary Graduate Development Programme (VetGDP)) and qualifications

Membership

- To include:
    - Minimum one third / maximum one half of members will be co-opted external members with educational expertise (eg Heads of Veterinary Schools or veterinary school staff members)
    - Two students
    - Chairs of education subcommittees to sit as non-voting observers
    - Member of Officer Team to sit as non-voting observer
- Quorum: majority of full / voting members present

Appointment

- By Council

Terms of office

- Typically three years

Meetings

- Typically four meetings per year

Chair

- Elected from within / by Council annually

Secretary

- From within Education Directorate

DRAFT

Subcommittees, panels and groups (report to this Committee)

- **Advanced Practitioner Qualifications Subcommittee (APQSC)** – oversees Advanced Practitioner framework
- **Examination Board (EB)** – oversees examination standards and delivery for RCVS veterinary examinations including the Statutory Membership Examination and synoptic examinations
- **Panel of Assessors (Advanced Practitioners)** – assesses applications for Advanced Practitioner status
- **Postnominals Subcommittee(PNSC)** – reviews applications for postgraduate qualifications to be included in the Register of Members
- **Primary Qualifications Subcommittee (PQSC)** – oversees primary degree standards and accreditation
- **Specialist Subcommittee (SRSC)** – oversees applications for specialist recognition
- **Veterinary Clinical Career Pathways (VCCP) Working Group** – develops career pathways for veterinary surgeons working in the UK
- **VetGDP and CPD Compliance Subcommittee** – assurance on CPD compliance
- **VetGDP and CPD Engagement Working Group** – engagement with CPD frameworks

Further reading

Education Committee | Royal College of Veterinary Surgeons – subcommittees are found under parent committee

4.5 Finance and Resources Committee (FRC)

Reports to: Council

Provides assurance on: Financial sustainability, resource allocation and the effectiveness of the governance framework.

Role

- Oversees financial strategy, budgeting and resource allocation, asset management, and College investments
- Maintains governance framework and delegation structures

Membership

- To include:
    - Treasurer
    - Representative nominated from each of:
        - Advancement of the Professions Committee
        - Education Committee
        - Professional Conduct Liaison Committee
        - Registration Committee
        - Standards Committee
        - Veterinary Nurses' Council
    - Two lay members of Council
    - Two registrant members (of Council or Veterinary Nurses' Council – two in total)
    - CEO, People Director, and Director of Operations as non-voting observers

- Quorum: majority of full / voting members present. For the purposes of the below mentioned joint meeting, each committee to be quorate in its own right

Appointment

- By Council

Terms of office

- Typically three years

Meetings

- Typically four each year
- One meeting will be held jointly with Audit and Risk Committee (ARC) to discuss the Annual Report and Statement of Accounts with the Auditors

Chair

- Treasurer
- Elected from within / by Council annually
- For the purposes of the annual joint meeting between ARC and FRC, Chair to alternate between the Chair, ARC and Chair, FRC (Treasurer)

Secretary

- From within the Operations Directorate

Project boards and groups (report to this Committee)

- **Customer Relationship Management Project Board (CRMPB)** – oversees CRM implementation, time-limited
- **Content Management System Project Board (CMSPB)** – oversees content platform, time-limited

Further reading

Finance and Resources Committee | Royal College of Veterinary Surgeons

4.6 Nominations Committee (Noms)

Reports to: Council

Provides assurance on: Bestowment of RCVS Honours and Awards

Role

- To review nominations for College honours and make recommendations to Council and Veterinary Nurses Council (VNC) (for the Golden Jubilee Award) for winners
- Periodically to make recommendations to Council for any changes to the range of awards to bring the list up to date, align with strategic priorities and discontinue any awards that are no longer receiving good quality nominations
- Make recommendations to Council for any significant changes to the awards process
- Direct the Executive Team to make changes that are more operational

DRAFT

- Consider whether it is appropriate to make nominations for external awards, including National Honours, and make relevant recommendations to Council

Membership

- To include:
    - Three members of Council (covering small animal, equine, large animal and public health sectors – or sourced from outside Council if necessary)
    - A Veterinary Schools Council appointed member of Council
    - Two members of Veterinary Nurses' Council (one with an educational background, one clinical)
    - Chair of Mind Matters Taskforce
    - Chair of Fellowship Science Advisory Panel
    - CEO
    - Director of Advancement of the Professions

Appointment

- By Council

Terms of office

- Council members: typically three years
- Senior staff: linked to contract of employment

Meetings

- Typically once or twice per year
- Quorum: majority of full / voting members present

Chair

- CEO

Secretary

- Executive Assistant to the CEO

Further reading

Honours and awards | Royal College of Veterinary Surgeons

4.7 Professional Conduct Liaison Committee (PCLC)

Reports to: Council

Provides assurance on: Fitness to Practise system performance, policy coherence and regulatory risk.

Role

- Provides a channel for communication and coordination between Fitness to Practise functions, Council, Standards Committee, and Veterinary Client Mediation Service (VCMS)
- Oversees policy relating to the professional conduct framework

DRAFT

- Oversees objectives, costs, and resources of VCMS; and reviews reports of private prosecutions undertaken by the College

Membership

- To include Chairs of:
    - Disciplinary Committee
    - Preliminary Investigation Committee
    - VN Preliminary Investigation Committee
    - Standards Committee
- At least two members of Council (one from Officer Team)

Appointment

- By Council

Terms of office

- Typically three years

Meetings

- Typically three times per year
- Quorum: majority of full / voting members present

Chair

- Member from Officer Team to undertake the role of Chair for the committee for a three-year term, usually incoming Junior Vice-President in the year the Chair role becomes vacant (subject to election / approval processes)
- Appointed by Council

Secretary

- From within Professional Conduct Directorate / Executive Team

Group (reports to this Committee)

- **Decision Review Group (DRG)** – an audit function that reviews all decisions by the Disciplinary Committee (DC) and Charter Case Committee (CCC) against criteria with a view to making recommendations for improvement if required.

Further reading

Professional Conduct Liaison Committee | Royal College of Veterinary Surgeons

4.8 Registration Committee (RC)

Reports to: Council

Provides assurance on: The integrity, legality and consistency of the Register.

Legislative basis: Supports statutory duty to maintain the Register (VSA 1966, s.2-s.3); committee itself is not statutory.

DRAFT

Role

- Oversees maintenance and integrity of the Register and implementation of provisions of VSA (in conjunction with Education Committee as appropriate)
- Review and monitoring of the implementation of the provisions of the Veterinary Nurse
- Rules related to registration of veterinary nurses (in conjunction with Veterinary Nurses' Council)
- Overseas admission routes and requirements
- Determines policy relating to registration processes
- Considers applications for Temporary Registration
- Reviews data for RCVS Find-a-Vet (FaV) function

Membership

- To include:
    - President, Vice-Presidents and Treasurer
    - Two veterinary surgeon Council members
    - One veterinary nurse member appointed by Veterinary Nurses' Council
    - One lay member (can be from Council or Veterinary Nurses' Council)
    - CEO, Registrar, and Director of Operations sit as non-voting participants
    - Regulatory specialists may be co-opted.

Appointment

- By Council

Terms of office

- Typically three years

Meetings

- Two scheduled meetings per year plus further ad-hoc meetings as required
- Quorum: majority of full / voting members present

Chair

- One of the Officers of the College, who will Chair for a three-year term, subject to election / approval processes. **Note**: this has been staggered so it is not the same person as the Chair for Professional Conduct Liaison Committee.
- Appointed by Council

Secretary

- From within the Operations Directorate

Further reading

Registration Committee | Royal College of Veterinary Surgeons

4.9 Standards Committee (SC)

Reports to: Council

DRAFT

Provides assurance on: Professional standards, the ethics framework and the effectiveness of guidance.

Legislative basis: Supports Council's functions relating to professional conduct (Veterinary Surgeons Act 1966, s.15 context); not explicitly established in statute.

Role

- Develops and maintains professional standards and supporting guidance
- Oversees Codes of Professional Conduct (CoPC) (Note: cannot approve major Code changes without Council approval.)
- Responds to requests for advice from the profession and public
- Oversees Practice Standards Scheme (PSS), including appeals from PSS Review Group

Membership

- Mix of Council members with lay and professional representation, and subject matter experts. Current membership:
    - Five Council M/FRCVS members
    - One Council Vet Schools Council member
    - Two lay members
    - One representative from Veterinary Nurses' Council
    - One external representative (from public health field)
    - One Officer Team member observer

Appointment

- By Council

Terms of office

- Typically three years

Meetings

- Typically four times per year
- Quorum: majority of full / voting members present

Chair

- Elected from within / by Council annually

Secretary

- From within Professional Conduct (Standards) Directorate

Subcommittees, panels and groups (report to this Committee)

- **Certification Subcommittee (CSC)** – oversees certification frameworks
- **Ethics Review Panel (ERP)** – provides ethical oversight
- **Practice Standards Group (PSG)** – develops and maintains practice standards
- **Riding Establishments Subcommittee (RESC)** – standards for riding establishments
- **Routine Veterinary Practice Subcommittee (RVPSC)** – standards for routine practice

DRAFT

Further reading

Standards Committee | Royal College of Veterinary Surgeons – subcommittees are found under parent committee

4.10 Veterinary Nurses' Council (VNC)

Reports to: Council. Established in 2002, and the Supplementary Royal Charter confirms its functions shall encompass the regulation of the profession of veterinary nurses.

Provides assurance on: Veterinary nurse regulation, training, and post-qualification awards.

Role

- Regulates veterinary nurses under delegated authority
- Sets standards for education, registration and conduct
- Maintains Register of Veterinary Nurses (RVNs)
- Ensures the welfare of animals and good veterinary practice are central to its work

Membership

- Six elected veterinary nurses from within the veterinary nursing profession practising wholly or mainly in the UK
- Two external veterinary nurses
- Four external lay members
- Two veterinary surgeons appointed by Veterinary Nurses' Council in consultation with Council

Appointment

- Elected veterinary nurses: in accordance with the RCVS Council Election Scheme (as adapted); one third (two members) retire on an annual rotational basis
- External veterinary nurse and lay members: by an independent public appointments process with formal ratification by Veterinary Nurses' Council
- Veterinary surgeons appointed by Veterinary Nurses' Council in consultation with Council

Terms of office

- Terms of Reference limits members to a maximum of three consecutive terms of up to three years duration; a mandatory break of two years is required before standing for re-election or re-appointment
- A member elected or appointed to fill a casual vacancy shall serve the unexpired portion of the predecessor's term of office

Meetings

- Typically four times per year
- Quorum: Seven members to include: four veterinary nurse members, one veterinary surgeon member, and one lay member

Chair

- Must be an elected or appointed veterinary nurse, elected by VN Council by secret ballot

DRAFT

- Appointed in accordance with Veterinary Nurses' Council procedures and confirmed by Council
- Term of Office for Chair role is usually three years and Vice-Chairs shall serve for either one, or three, year(s), with the outgoing Chair normally serving one year as Vice-Chair

Secretary

- From within the Veterinary Nursing Directorate

Subcommittees and panels

- **Veterinary Nurse Education Committee (VNEC)** – education and accreditation of veterinary nurses

Further reading

VN Council | Royal College of Veterinary Surgeons

4.11 Veterinary Nurse Education Committee (VNEC)

Reports to: Veterinary Nurses' Council

Provides assurance on: Veterinary nurse education quality, accreditation standards and competence outcomes

Role

- Oversees veterinary nurse education and accreditation
- Makes recommendations on veterinary nurse education programme approval and standards
- Makes recommendations on amendments to rules related to registration, conduct and discipline of veterinary nurses
- Makes recommendations on the appointment of educational expertise as RCVS visitors and observers for veterinary nurse institutions

Membership

- 12 members including:
    - One Registered Veterinary Nurse from Veterinary Nurses' Council
    - One lay member from Veterinary Nurses' Council
    - Two employer representatives (one from independent practice, one corporate)
    - One Higher Education (HE) expert
    - One Further Education (FE) expert
    - One HE VN provider representative
    - Two FE VN provider representatives
    - Two students (one HE / one FE)
    - One post-registration VN provider representative

Appointment

- Veterinary Nurses' Council to agree VN representatives
- A 'call out' is sent to HE / FE providers when seeking representatives
- A 'call out' is sent to VN training institutions when seeking student representatives

DRAFT

- RCVS processes with application details and set criteria, not done by election

Terms of Office

- Normally three years, renewable once

Meetings

- Minimum six per year
- Quorum: not less than six members present

Chair

- RVN member of Veterinary Nurses' Council

Secretary

- From within Veterinary Nursing Directorate

Further reading

Veterinary Nurse Education Committee | Royal College of Veterinary Surgeons

4.12 Subcommittees, Boards and Working Groups

- All operate under delegated authority with Terms of Reference approved by parent committees and aligned to current RCVS governance documentation
- Working Groups are time-limited and established by Council or committees to address specific policy or regulatory issues
- All are listed under parent committee

Further reading

Committees, subcommittees and groups | Royal College of Veterinary Surgeons

Role specifications for: Chair, and Vice-Chair – available from Council Secretary

DRAFT

5. Statutory Committees and Disciplinary Structures

5.1 Overview

The legislative basis for the main statutory committees related to veterinary surgeons is established under the Veterinary Surgeons Act 1966 (disciplinary provisions, commonly s.15 and Schedule 2), including amendments made under The Legislative Reform (Constitution of Veterinary Surgeons Preliminary Investigation and Disciplinary Committees) Order 2013 (2013 LRO). They operate with a high degree of independence from Council, particularly in relation to adjudicative functions (Fitness to Practise). Council's role is limited to appointments and oversight of the framework, not individual decisions.

5.2 Preliminary Investigation Committee (PIC)

Reports to: Council.

Provides assurance on: Fitness to practise

Legislative basis: Veterinary Surgeons Act 1966, Schedule 2. Exact panel composition is defined in Schedule 2, 2013 LRO, and associated Rules.

Role

- Investigates complaints against veterinary surgeons and determines referral to disciplinary stage

Membership

- 2013 LRO states no fewer than nine and no more than 15 members
- At least one third must be registrants, and at least one third must be lay members
- Must not include members of Council, Veterinary Nurses' Council, Charter Case Committee, Disciplinary Committee, Veterinary Nurse Preliminary Investigation Committee, or Veterinary Nurse Disciplinary Committee; nor be an employee of Council or the College
- Current membership (13) includes:
    - Seven veterinary surgeons
    - Six lay members
- Conditions about fitness to be a member apply

Appointment

- By an independent public appointments process with formal ratification by Council

Terms of office

- Typically four years, renewable once for a further / final term subject to annual training and appraisal process
- Maximum number of terms of up to two terms of up to four years each (ie maximum of eight years is not guaranteed)
- A member appointed to fill a casual vacancy shall serve the unexpired portion of the predecessor's term of office

DRAFT

Meetings

- Process is split between Stage one and Stage two
- Stage one PIC comprises three members (one registrant, one lay member, one other) and meets every two weeks.
- Stage two PIC sits with five members, including the Chair (typically three registrants, two lay members) and meets every two to three weeks
- Quorum: three (one registrant, one lay member, one other)

Chair

- Veterinary surgeon member
- Designated by Council

Secretary

- From within Professional Conduct Directorate

Further reading

Preliminary Investigation Committee | Royal College of Veterinary Surgeons
Concerns about veterinary professionals | Royal College of Veterinary Surgeons

5.3 Disciplinary Committee (DC)

The Disciplinary Committee (DC) hears cases relating to registered veterinary surgeons and the Veterinary Nurses Disciplinary Committee (VNDC) hears cases relating to registered veterinary nurses. Both committees follow court procedures.

Complaints must be proven to the criminal standard of proof (i.e. the Committee must be satisfied 'so as to be sure' the facts have occurred as alleged by the College.)

The Committee must also be satisfied that the facts as proved amount to serious professional misconduct.

Reports to: Council

Provides assurance on: Fitness to Practise

Legislative basis: Veterinary Surgeons Act 1966, s.15 and Schedule 2. Exact panel composition is defined in Schedule 2, 2013 LRO, and associated Rules.

Role

- Adjudicates disciplinary cases
- Determines serious professional misconduct cases (SPMC)
- Has powers to suspend, remove, or restore veterinary surgeon members from / to the Register
- Hearings are generally public
- Covers three main areas:
    - Alleged criminal offences rendering members unfit to practise veterinary surgery
    - Alleged disgraceful conduct in a professional respect

- Fraudulent entry of name onto the Register

Membership

- 2013 LRO states no fewer than 20 and no more than 40 members
- At least one third must be registrants, and at least one third must be lay members
- Must not include members of Council, Veterinary Nurses' Council, Preliminary Investigation Committee, Veterinary Nurse Preliminary Investigation Committee, or Charter Case Committee, nor be an employee of Council or the College
- Current membership (20) includes:
  - 10 veterinary surgeons
  - 10 lay members
- Any person who has served as a member of Preliminary Investigation Committee or Veterinary Nurse Preliminary Investigation Committee will not be eligible to be appointed to the Disciplinary Committee (subject to successful independent recruitment exercise) unless a minimum of three years has elapsed since they ceased to be a member of the Preliminary Investigation Committee or Veterinary Nurse Preliminary Investigation Committee
- Conditions about fitness to be a member apply

Appointment

- By an independent public appointments process with formal ratification by Council

Terms of office

- Typically four years, renewable once for a further / final term subject to annual training and appraisal process
- Maximum number of terms of up to two terms of up to four years each (ie maximum of eight years is not guaranteed)
- A member elected or appointed to fill a casual vacancy shall serve the unexpired portion of the predecessor's term of office

Meetings

- Held on a regular ad hoc basis dependent on the cases coming through from Preliminary Investigation Committee
- Quorum: five (of which two must be registrants and two must be lay members)
- Current practise is:
  - For hearings scheduled for up to five days duration: five members sitting
  - For hearings scheduled for longer than five days duration: seven members sitting
- No person who, as a member of Preliminary Investigation Committee, acted with respect to any case may as a member of Disciplinary Committee act with respect to that case

Chair

- Lay member (must be legally qualified)
- Designated by Council

Secretary

- Clerk to Disciplinary and VN Disciplinary Committee

DRAFT

Further reading

Disciplinary Committee | Royal College of Veterinary Surgeons
Concerns about veterinary professionals | Royal College of Veterinary Surgeons
Disciplinary Committee hearings | Royal College of Veterinary Surgeons

5.4 Charter Case Committee (CCC)

The Charter Case Committee has been established under the Royal Charter 2015 which broadens the functions of the RCVS, allowing for a more flexible approach when dealing with some concerns relating to professional conduct and for cases to be dealt with in an alternative and more proportionate way while still protecting the public interest.

The Committee Protocol allows for the alternative resolution of certain cases where a registrant has engaged in behaviour that could amount to serious professional misconduct (or disgraceful conduct in a professional sense) or been convicted of an offence, but where it is not in the public interest for the matter to be referred to a hearing of the Disciplinary Committee.

Reports to: Council

Provides assurance on: Fitness to Practise

Role

- Adjudicates disciplinary cases where realistic prospect test has been met but where the public interest can be served by one of the outcomes listed in the Charter Case Protocol 2021
- Does not require a public hearing
- Has powers to impose a confidential or public warning

Membership

- At least one third must be registrants, and one third must be lay members
- Must not include members of Council, Veterinary Nurses' Council, Preliminary Investigation Committee, Veterinary Nurse Preliminary Investigation Committee, Disciplinary Committee or Veterinary Nurse Disciplinary Committee
- Current membership (six) includes:
    - Two veterinary surgeon members
    - Two veterinary nurse members
    - Two lay members
- Any person who has served as a member of Preliminary Investigation Committee or Veterinary Nurse Preliminary Investigation Committee will not be eligible to be appointed to the Charter Case Committee (subject to successful independent recruitment exercise) unless a minimum of three years has elapsed since they ceased to be a member of the Preliminary Investigation Committee or Veterinary Nurse Preliminary Investigation Committee
- Conditions about fitness to be a member apply

Appointment

- By an independent public appointments process with formal ratification by Council

DRAFT

Terms of office

- Typically four years or shorter as Council may determine, renewable once for a further / final term subject to annual training and appraisal process
- Maximum number of terms of up to two terms of up to four years each (ie maximum of eight years is not guaranteed)
- A member elected or appointed to fill a casual vacancy shall serve the unexpired portion of the predecessor's term of office

Meetings

- Held on a regular ad hoc basis dependent on the cases coming through from Preliminary Investigation Committee
- Quorum: three, mix of:
    - One lay, one veterinary surgeon, one other; OR
    - One lay, one Registered Veterinary Nurse, one other
- One member must be legally qualified as they will have responsibility for drafting the decisions of the Committee

Chair

- Lay member

Secretary

- From within the Professional Conduct Directorate

Further reading

Charter Case Committee | Royal College of Veterinary Surgeons
Charter Case Committee Protocol | Royal College of Veterinary Surgeons
Charter Case Committee Rules | Royal College of Veterinary Surgeons
Charter Case Committee decisions | Royal College of Veterinary Surgeons

5.5 Veterinary Nurse Preliminary Investigation Committee (VNPIC)

Reports to: Veterinary Nurses' Council.

Provides assurance on: Fitness to Practise

Role

- Investigates complaints against veterinary nurses and determines referral to disciplinary stage
- The Veterinary Nurse Preliminary Investigation Committee shall adopt, with any necessary modifications, the practices and procedures of the Preliminary Investigation Committee

Membership

- Must not include members of Council, Veterinary Nurses' Council, Preliminary Investigation Committee (veterinary surgeon), Disciplinary Committee, or Veterinary Nurse Disciplinary Committee
- Current membership includes:
    - Three external veterinary nurse members (one of whom has an addition equine veterinary nursing qualification)

- Three external lay members

Appointment

- By an independent public appointments process with formal ratification by Veterinary Nurses' Council

Terms of office

- Typically four years, renewable once for a further / final term subject to annual training and appraisal process
- Maximum of up to two terms of up to four years each (ie maximum of eight years is not guaranteed)
- A member elected or appointed to fill a casual vacancy shall serve the unexpired portion of the predecessor's term of office

Meetings

- Process is split between Stage one and Stage two
- Stage one meetings arranged on an ad hoc basis; Stage two meetings held every six to eight weeks
- Quorum: EITHER at least one person from each category:
  - Veterinary surgeon
  - Registered Veterinary Nurse
  - Lay person (not being nor having been veterinary surgeons or veterinary nurses)

  OR
  - One lay person
  - Two Registered Veterinary Nurses

Chair

- Lay member

Secretary

- From within Professional Conduct Directorate

Further reading

Veterinary Nurse Preliminary Investigation Committee | Royal College of Veterinary Surgeons
Concerns about veterinary professionals | Royal College of Veterinary Surgeons

5.6 Veterinary Nurse Disciplinary Committee (VNDC)

Reports to: Veterinary Nurses' Council.

Provides assurance on: Fitness to Practise

Role

- Adjudicates disciplinary cases relating to veterinary nurses
- Has powers to suspend, remove, or restore veterinary nurse members from / to the Register of Veterinary Nurses

DRAFT

- The Veterinary Nurse Disciplinary Committee shall adopt, with any necessary modifications, the rules and procedures of the Disciplinary Committee

Membership

- Must not include members of Council, Veterinary Nurses' Council, Preliminary Investigation Committee, or Veterinary Nurse Preliminary Investigation Committee
- Current membership includes: four external veterinary nurse members with the remaining veterinary surgeon and lay members taken from the pool of members for veterinary surgeon Disciplinary Committee

Appointment

- By an independent public appointments process with formal ratification by Veterinary Nurses' Council

Terms of office

- Typically four years, renewable once for a further / final term subject to annual training and appraisal process
- Maximum number of terms of up to two terms of up to four years each (ie maximum of eight years is not guaranteed)
- A member elected or appointed to fill a casual vacancy shall serve the unexpired portion of the predecessor's term of office

Meetings

- Cases heard on an ad hoc basis as / when they progress through the disciplinary process
- Quorum: at least one person from each category:
    - Veterinary surgeon
    - Registered veterinary nurse
    - Lay person (not being nor having been veterinary surgeons or veterinary nurses)

Chair

- Lay member

Secretary

- Clerk to Disciplinary and VN Disciplinary Committee

5.7 Policy for handling concerns about members of the Preliminary or Disciplinary Committees

- Sets out procedures to be followed in dealing with concerns against members of the statutory committees. The conditions and standards to which members are expected to adhere are set out in the Preliminary Investigation Committee and Disciplinary Committee Protocol

Further reading

Veterinary Nurse Disciplinary Committee | Royal College of Veterinary Surgeons
Concerns about veterinary professionals | Royal College of Veterinary Surgeons
Disciplinary Committee hearings | Royal College of Veterinary Surgeons

DRAFT

Preliminary Investigation Committee and Disciplinary Committee Protocol 2022 – available from the Professional Conduct Directorate

Policy for handling concerns about members of the Preliminary or Disciplinary Committees – available from the Council Secretary

DRAFT

6. Appeals Governance

6.1 Accreditation of Veterinary Programme Appeals Committee (AVPAC)

Reports to: Education Committee / Council

Provides assurance on: Education quality, accreditation standards, and competence outcome

Role

- Procedure applies where an institution questions the formal outcomes of the accreditation process

Grounds for appeal

- Demonstration that the outcome is not based on sound evidence and / or
- That published standards have not been correctly applied and / or
- That published processes have not been consistently implemented
- No appeal will be entertained in respect of the individual comments made by the visiting team and contained within the visitation report
- An appeal will only be dismissed on one or more of the following grounds:
    - It relates to individual comment(s) made by the accreditation panel
    - It gives insufficient information to enable any judgment to be made
    - It is frivolous, vexatious or relates to a minor irregularity in the conduct of the accreditation process
    - It is unnecessary because deficiencies in the accreditation process have already been acknowledged and appropriate action taken

Membership

- Three members co-ordinated by Registrar:
    - One member from Officer Team (current President or Vice-President)
    - One Council member (does not specify election / appointment route)
    - One lay member (nominated from the list of RCVS Visitors)
- Appellant institution permitted to nominate an observer, who has the right to respond to questions from the Panel, but will not have voting rights when it comes to decision-making
- Chair of Accreditation Panel may also be requested to attend to observe and assist with points of clarification
- Must not include any person involved in the initial assessment of the appeal, who had any involvement in the accreditation event of the appellant institution, or has any personal connection with the appellant institutions

Terms of Office

- No specified Term of Office

Appointments

- No specified appointment process, Panel to be comprised when appeal received

Meetings

- Ad hoc, as necessary

DRAFT

- Normally held within two months of receipt of appeal
- Quorum: three, plus Registrar acting as Secretary (does not take part in decision)

Chair

- Panel will select its own Chair

Secretary

- Registrar

Further reading

Accreditation Methodology 2023 (includes appeals information) – available from Education Directorate / Council Secretary

6.2 Charter Case Committee – review against decisions

Reports to: Disciplinary Committee / Council

Provides assurance on: Fitness to practise

Role

- To consider eligibility to review decision made by the Committee

Grounds of review

- Decisions by the Committee will only be eligible for review where:
    - The decision may be materially flawed
    - There is new information that may have led to a different decision
- The Registrar must be satisfied that the review is in the public interest or is necessary to prevent injustice to the veterinary surgeon or the Registered Veterinary Nurse
- Cases where the veterinary surgeon or Registered Veterinary Nurse have consented to the warning will not be eligible for review

Membership

- If criteria are met, reviews will be carried out by a differently constituted Charter Case Committee

For Terms of office, appointments, meetings, Chair, and Secretary: see Section 6 – Statutory Committees and Disciplinary Structures (Charter Case Committee)

Further reading

Charter Case Committee | Royal College of Veterinary Surgeons
Charter Case Committee Protocol | Royal College of Veterinary Surgeons
Charter Case Committee Rules | Royal College of Veterinary Surgeons

6.3 Disciplinary Committee – appeals against decisions

A right of appeal against a decision of the Disciplinary Committee to remove (‘strike off’) or suspend a veterinary surgeon from the Register lies with the Judicial Committee of the Privy

Council (JCPC). The RCVS has no right of appeal against the decision of the Disciplinary Committee.

Further reading

The Judicial Committee of the Privy Council

6.4 Examination Appeals Committee (EAC)

Reports to: Education Committee / Veterinary Nurses' Council

Provides assurance on: Education quality, competence outcome

Membership

- Membership approved by Council on an annual basis
- Current membership:
    - Four Council members: two M/FRCVS, two lay
    - One Veterinary Nurses' Council representative
    - One external veterinary surgeon (one additional external M/FRCVS to be recruited)
    - Three external veterinary nurses

Terms of Office

- No specific term of office

Appointments

- Appointed from time to time by, or on behalf of, the Council. It will include veterinary surgeons, Registered Veterinary Nurses, and lay persons.

Meetings

- Undertaken on an ad-hoc basis as / when required
- Panel will consist of between three and five members of the Committee chosen by the Registrar or Chair (dependent on the set of Rules under which an appeal has been submitted) and will include one person who is not a member of the Council or Veterinary Nurses' Council and at least one person who is a veterinary surgeon
- If the appeal is relevant to entry on to the *Register of Veterinary Nurses*, the Panel shall include a person who holds that qualification.
- Panel will include and be chaired by either the Chair or Vice-Chair of the Committee, whichever did not carry out the initial consideration of the appeal
- Panel will not include a person who has been involved in the initial assessment of the appeal, had any involvement in the statutory examination to which the appeal relates, or has any personal connection with the appellant
- Quorum: three, plus Registrar acting as Secretary (does not take part in decision)

Chair

- Two members of the Committee will be designated by, or on behalf of, the Council as its Chair and Vice-Chair

DRAFT

Secretary

- Registrar

Examination Appeals Rules 2014 (related to veterinary nursing examinations) *(scheduled for update by end 2026)*

Role

- Applies to appeals against the result of any examination administered by the College or of any assessment carried out by the College for the purpose of any qualification or distinction awarded by the College

Grounds for appeal

- If appeal relates to arrangements made for the examination, conduct of any examiner, or any other person connected with the examination with the making of arrangements for it
- No appeal will be entertained on the following grounds:
    - in respect of any marks awarded, or other academic judgment made by the examiners in the examination in question
    - in relation to any medical or compassionate factor affecting the candidate during the holding of the examination which should have been drawn to the attention of the examiners at the time, whether or not it was notified to the College at that time

Statutory Membership Examination Appeals Rules 2025 (specific to persons [veterinary surgeons] required by the Council under Section 6(2) of the VSA to sit the statutory examination)

Role

- Applies to appeals against the result of any component of the Statutory Examination administered by the RCVS under Section 6(2) of the VSA 1966 and the Veterinary Surgeons (Examination of Commonwealth and Foreign Candidates) Regulations Order of Council 2024

Grounds for appeal

- Procedural defects or irregularities in the arrangements made for the statutory examination or conduct of the statutory examination that are within the College's control (i.e. administrative error) that could have adversely affected a candidate's performance or the outcome of the statutory examination
- The conduct of any examiner or any other person connected with the statutory examination or the making of arrangements for it
- Failure to make reasonable adjustments as requested by a candidate, in accordance with the Statutory Membership Examination Guidance
- No appeal will be entertained on the following grounds:
    - in respect of any candidate's lack of understanding or awareness of the Statutory Membership Examination Guidance
    - in respect of any marks awarded, or other academic or professional judgement made, by the examiners in the statutory examination component in question
    - in relation to any medical or compassionate factor affecting the candidate during the holding of the statutory examination which should have been drawn to the attention of the examiners at the time

DRAFT

Note The College may also deliver the examination to access the Register of Veterinary Surgeons referred to as Part One of the RCVS Statutory Membership Examination and Part One of the on behalf of the Veterinary Council of Ireland (VCI) Registration Examination.

Persons applying to the Register of Veterinary Practitioners in Ireland whose veterinary medicine training or education is not automatically recognised by the VCI may be required to undertake an examination to determine if their training or education is of an appropriate standard for practice of veterinary medicine in the State, as per Section 44(8) of the Veterinary Practice Act. This examination is referred to as the Veterinary Medicine Registration Examination.

The above-mentioned Statutory Membership Examination Rules 2025 relate to appeals for examinations taken under this Memorandum of Understanding (MOU), with an additional fee levied to process the appeal.

Synoptic Examination Appeals Rules 2026 (specific to persons [veterinary surgeons] who wish to apply to become an Advanced Practitioner of the RCVS)

Role

- Applies to appeals against the result of any examination administered by the College that is held as a prerequisite to be able to apply to be an Advanced Practitioner of the RCVS (additional criteria also required)

Grounds for appeal

- Procedural defects or irregularities in the arrangements made for synoptic examination or conduct of the synoptic examination that are within the College's control (i.e. administrative error) which could have adversely affected a candidate's performance or the outcome of the synoptic examination;
- The conduct of any examiner or any other person connected with the synoptic examination or the making of arrangements for it
- Failure to make reasonable adjustments as requested by a candidate in accordance with the synoptic examination guidance.
- No appeal will be entertained on the following grounds:
    - in respect of any candidate's lack of understanding or awareness of the Synoptic Examination Guidance
    - in respect of any marks awarded, or other academic or professional judgement made, by the examiners in the synoptic examination in question
    - in relation to any medical or compassionate factor affecting the candidate during the holding of the synoptic examination which should have been drawn to the attention of the examiners at the time

Further reading

Examination Appeals Rules 2014 – available from Education Directorate / Council Secretary
MOU between RCVS and VCI – available from Education Directorate / Council Secretary
Statutory Examination Appeals Rules 2025 – available from Education Directorate / Council Secretary
Synoptic Examination Appeals Rules 2026 – available from Education Directorate / Council Secretary

DRAFT

6.5 Fellowship Board – appeals against decisions

Reports to: Advancement of the Professions Committee

Provides assurance on: Fairness and integrity of the Fellowship application and assessment process

Role

- Where an applicant questions the outcome following an unsuccessful application to the Fellowship, the Fellowship Board to re-consider the application. The decision to award a Fellowship is based on what is evidenced in the application.

Grounds for appeal

- Where applicant can demonstrate that the outcome was not based on sound evidence
- No appeal will be entertained in respect of individual judgment(s) made by the Credentials Panels
- Where an applicant disputes the outcome of a second Panel review, the Chair and Fellowship Board will consider the appeal and issue a final decision. No further appeal will be permitted. Applicants whose application remains unsuccessful may re-apply in the following application cycle.

Membership

- Fellowship Board:
    - Chair
    - Immediate-past Chair
    - Vice-Chair from the Fellowship
    - Member of the Officer Team
    - Chair of Meritorious Contribution to Clinical Practice (MCCP) Panel
    - Chair of Meritorious Contribution to Knowledge (MCK) Panel
    - Chair of Meritorious Contributions to the Profession (MCP) Panel
    - Projects and Engagement Officer
    - Chair of Fellowship Science Advisory Panel (SAP)
    - Lay member of Council

Terms of Office

- Three years
- May be re-elected for additional / final term (maximum six years)

Appointments

- By election from within Profession / Fellowship

Meetings

- Ad-hoc, as / when required

Chair

- Chair, Fellowship Board

DRAFT

Secretary

- From within Advancement of the Professions Directorate

Further reading

Fellowship Board | Royal College of Veterinary Surgeons
Fellowship Credentials Panels | Royal College of Veterinary Surgeons

6.6 Registration Appeals and Reviews Committee (RARC)

Since UK left the European Union (EU) on 31 January 2020, registration appeals in relation to Sections 5BA – 5D of the VSA 1966 have ceased.

Reports to: Registration Committee

Provides assurance on: Education standards and fitness to practise

Role

- Where an applicant questions the outcome made in accordance with sections 3 – 7 of the Veterinary Surgeons Act 1966 for registration on the Register of Veterinary Surgeons
- Where an applicant questions the refusal of an application for entry to the Register of Veterinary Nurses under the Supplemental Royal Charter 2015
- Where an applicant questions the refusal to recognize professional qualifications in accordance with the Recognition of Professional Qualifications and Implementation of International Recognition Agreements (Amendment) Regulations 2023
- Where an applicant appeals regarding a failure to notify them for recognition of professional qualifications of the result of the application within four months

Grounds for appeal

- Procedural defects in the application process
- A material error of fact
- Failure by the College to consider relevant evidence or information submitted with the original application
- Failure by the College to follow relevant legislation and guidance

Membership

- Members to be appointed from time to time by or on behalf of the Council, to include veterinary surgeons, Registered Veterinary Nurses, and lay persons (who may or may not be members of the Council or Veterinary Nurses Council)
- A Barrister or Solicitor to provide legal advice only

Terms of Office

- No specific term of office

Appointments

- No specific appointment process, variety of options depending on vacancy:

DRAFT

- Officer Team to identify potential members from within Council / Veterinary Nurses' Council
- Officer Team to ask Executive if they are aware of any registrant members that have expressed an interest in working with the College
- 'Call out' for members at educational institutions for external members

Meetings

- Undertaken on an ad-hoc basis as / when required
- When the appeal or review relates to recognition of qualifications for, or to inclusion in the Register of Veterinary Surgeons, at least one person must be a veterinary surgeon
- Where the appeal relates to inclusion in the Register of Veterinary Nurses, at least one person must be a veterinary nurse
- Each Panel to include and be chaired by either the Chair or Vice-Chair of the Committee
- A Barrister or Solicitor appointed for the task will attend each appeal or review to provide legal advice
- A Panel will not include any person that has had any personal connection with the appellant which might bring that person's independence or impartiality into question, or who may have any other conflict of interest as defined in the College's 'Policy for managing conflicts of interest'
- Quorum: three, to include one person who is not a member of the Council or Veterinary Nurses Council

Chair

- Two members of the Committee will be designated by or on behalf of the Council as its Chair and Vice-Chair

Secretary

- Members of the College staff unconnected with the registration decision may attend to act as Secretary and to take notes.

Further reading

Registration appeals and reviews rules 2026: available from the Executive Directorate or Council Secretary

6.7 Specialist Recognition and Advanced Practitioner Appeals Committee (SRAPAC)

Reports to: Education Committee / Council

Provides assurance on: Education quality and competence outcome

Role

- To consider appeals arising from a decision of the Specialist Subcommittee or Advanced Practitioner Panel to the effect that a veterinary surgeon's name should not be included in the List of RCVS Specialists or the List of RCVS Advanced Practitioners

DRAFT

Grounds for appeal

- Relative to the criteria requirements determined by Council for eligibility for inclusion in the List of RCVS Specialists or the List of RCVS Advanced Practitioners and:
    - Demonstrates the outcome is not based on sound evidence; and /or
    - That the application process has not been consistently implemented
- No appeal will be made in respect of individual judgment(s) made by the Specialist Subcommittee or the Advanced Practitioner Panel

Membership

- To include:
    - One member of Officer Team (current Chair or Vice-Chair)
    - One member from Council (veterinary surgeon or lay person)
    - Either Chair of Specialist Subcommittee or Chair of Advanced Practitioner Panel in attendance as Advisor
    - Registrar (acts as Secretary, does not take part in decision)
- No person shall sit as a member of the Committee dealing with an appeal if they have had any involvement in the previous consideration of the application for inclusion on either List, or if they have any professional connection with the appellant

Terms of Office

- Officer Team member (usually Senior Vice-President) and Council member (usually Immediate-past Senior Vice-President): annual rotation to match Council members in those roles
- Adviser: will match respective Chair for the member's duration in the role

Appointments

- Approved by Council on an annual basis

Meetings

- Ad-hoc, as / when required
- Panel will consist of between three and five of the Committee chosen by the Chair of the Committee
- Quorum: three, plus Registrar acting as Secretary (does not take part in decision)

Chair

- Council member (usually Immediate-past Senior Vice-President)

Secretary

- Registrar

Further reading

Specialist and Advanced Practitioner appeals procedure – available from Education Directorate or Council Secretary

6.8 Veterinary Nurse Disciplinary Committee – appeals against decisions

Reports to: Veterinary Nurses' Council

DRAFT

Provides assurance on: Fitness to practise

Role

- A person in respect of whom the Veterinary Nurse Disciplinary Committee has made a direction as to removal of their name from the Register or suspension of their entry in the Register may, at any time within 28 days from the Notice of Direction, lodge an appeal

Membership

- To be heard by a barrister or solicitor with at least 10 years' standing

Appointments

- Barrister or solicitor to be appointed by the Registrar

Meetings

- The procedures of the appeal shall be as determined by the appointed barrister or solicitor and may include an oral hearing
- The appointed barrister or solicitor may quash or vary the direction, or may remit the case back to the Veterinary Nurse Disciplinary Committee
- The appeal shall be by way of a re-hearing, including consideration of a transcript of the disciplinary hearing (to be provided by the College) and submissions by both parties

Chair

- To be determined by appointed Barrister / Solicitor

Secretary

- Registrar

Further reading

Veterinary Nurse Disciplinary Committee | Royal College of Veterinary Surgeons
Concerns about veterinary professionals | Royal College of Veterinary Surgeons

DRAFT

7. Electoral Governance

7.1 **Council** from within / by profession

Legislative basis: Veterinary Surgeons Act 1966, Schedule 1

Process

- Election shall be held before the Annual General meeting of the College where vacancy(ies) occur
- Formal nomination and election by profession
- Any member with full professional standing and listed in the Register can stand as a candidate
- Members standing have to confirm that:
  - They will comply with codes of practice or guidance issued by Council governing the conduct of Council members; and
  - That they have not engaged in any activity or behaviour that would be likely to bring the profession into disrepute
- Registrar acts as Returning Officer (election run by external provider)
- Individual / secret electronic ballot by members listed in the Register by 31 January in any given year
- Top three or four candidates elected dependent on rotation
- Challenge procedure relating to the conduct of the ballot (ie not with regards to candidates standing)
- Usual changeover of Council members occurs at the Annual General Meeting, unless a member should resign prior to the end of their term

Note: whilst not coming under the VSA legislative basis, but rather the Royal Charter, Veterinary Nurses' Council elections follow the same Scheme for its elections, with two places usually up for election.

7.2 **Officer Team Elections** from within / by Council

Process

- Formal nomination and election from within / by Council
- Secret ballot
- Majority required
- Multiple rounds if required
- Usual changeover of Officer Team members occurs at the AGM, unless a member should resign prior to the end of their term

7.3 **Chair of standing committees' elections (Advancement of the Professions Committee, Education Committee, Standards Committee)** from within / by Council

Process

- Formal nomination and election from within / by Council
- Secret ballot
- Majority required
- Multiple rounds if required

DRAFT

- Usual changeover of Officer Team members occurs at the AGM, unless a member should resign prior to the end of their term
- Chairs of standing committees will generally hold the office for a three-year basis, re-elected annually. They will be expected to align with the Chair role specification

7.4 Vice-chair of standing committees' elections from within / by committee

Process

- Matter for decision by committee at its first meeting in any given College year
- Standing committees will select their own Vice-Chair, unless otherwise specified
- Can be any full member of the committee (ie not an observer, but does not have to be a Council member) apart from the Vice-Chair of Finance and Resources Committee, who should be a full member and a Council member
- Re-elected every year by members of the relevant committee, from amongst self-nominated candidates, as soon as possible into the new presidential year

Further reading

Veterinary Surgeons Act 1966

RCVS Council Election Scheme 2024: available from Council Secretary

Election procedures for members of the Officer Team: available from Council Secretary

Election procedures for Committee Chair (Advancement of the Professions, Education, Standards, Committees) procedures: available from Council Secretary

Meeting Procedure Rules 2021: available from Council Secretary

DRAFT

8. Financial Governance

Role

- Ensures stewardship of financial resources

Oversight

- Council
  - Approval of annual budget and financial strategy
  - Oversight of financial sustainability and major expenditure decisions
- Audit and Risk Committee
  - Ensures systems for financial reporting to Council are reviewed
- Finance and Resources Committee
  - Oversees financial strategy, controls, budgeting and resource allocation, asset management, and College investments
  - Maintains governance framework and delegation structures
- Treasurer
  - Meets with external auditors
  - Compliance with protocols – carries out spot checks including expenditure limits
  - Reports to Finance and Resources Committee, scrutinizes weekly payment summaries
- CEO
  - Manages the budget set by Council
- Director of Operations
  - Prepares a monthly financial overview and accounts for the Senior Team, copies of which will be circulated to Finance and Resources Committee
- External investment managers
  - Oversees College's investment portfolio to ensure it is appropriate for the organisation
- External auditors
  - Audits annual accounts

Delegation thresholds

- Defined in Scheme of Delegation and Financial Controls documentation

Financial controls

- Budget setting and variation
- Controls over decisions committing the RCVS to expenditure or agreeing to incoming generating contracts (in line with agreed RCVS strategy or policy)
- Controls over expenditure

Further reading

Delegation Scheme: updated annually – available from Council Secretary
Financial Controls (last updated November 2024) – available from Operations Directorate
Risk Management Policy – available from Operations Directorate

DRAFT

9. Registration Governance

9.1 Registrar

Role

- Maintains statutory registers
- Administers registration, retention, removal, and restoration of members from / to the Register(s)
- Administers process for registration appeals

Authority

- Exercises statutory powers under the Act, Supplemental Royal Charter 2015, and rules
- Linked to requirements for training, education, and fitness to practise of veterinary surgeons and veterinary nurses

Further reading

Registration | Royal College of Veterinary Surgeons

DRAFT

10. External Governance and communications to wider veterinary professions

Role

- Supports delivery of regulatory and leadership functions through contracted pieces of work, data sharing and communications with government and the wider veterinary professions

Governance Features

- Defined responsibilities
- Quality assurance arrangements
- Data sharing controls
- Engagement with the Department of the Environment, Food and Rural Affairs (Defra), and more specifically with the four Chief Veterinary Officers (CVOs) of the devolved nations of the UK, to discuss long range discussions on priorities with key interest groups and for national interest items e.g. restrictions on practice during the Covid-19 pandemic, Foot and Mouth Disease (FMD), workforce issues
- CEO is a member of Council on Licensure, Enforcement and Regulation (CLEAR); the International Veterinary Regulators Network (IVRN); MemCom; Memberwise and the Institute of Regulation
- Registrar, CEO and Head of Policy and Public Affairs, attend meetings at the Department for Business, Energy & Industrial Strategy (BEIS) – a ministerial department, supported by 42 agencies and public bodies. BEIS is responsible for business; industrial strategy; science, research and innovation; energy and clean growth; and climate change. Its overall responsibility lies with the Secretary of State
- Meetings with:
    - Defra / CVOs
    - Home Office
    - Veterinary Council of Ireland
    - Veterinary Defence Society
    - Veterinary Medicines Directorate
    - Veterinary Schools Council

Communications

- Regular Joint Officer Team meetings held with other veterinary organisations, held at least annually (not limited to):
    - Association of Veterinary Students (AVS)
    - British Veterinary Association (BVA)
    - British Cattle Veterinary Association (BCVA)
    - British Equine Veterinary Association (BEVA)
    - British Small Animal Veterinary Association (BSAVA)
    - British Veterinary Nursing Association (BVNA)
    - Pig Veterinary Association (PVA)
    - RCVS Knowledge (Charitable partner)
    - Society for Practising Veterinary Surgeons (SPVS)
    - Veterinary Specialists Association (VSA)
    - Veterinary Management Group (VMG)

DRAFT

DRAFT

11. Executive Leadership

Reports to: Council

Provides assurance on: operational matters

Role

- Implements Council strategy, oversees governance of the RCVS, and to enable our people to deliver
- Support and advise the Officer Team, Council and committee members in the development of the Strategic Plan
- Management of day-to-day operations – individual budgets, Key Performance Indicators (KPIs), service standards, risk management

Membership

- Senior Team:
    - Chief Executive & Secretary
    - Registrar / Director of Legal Services
    - Director of Advancement of the Professions
    - Director of Communications
    - Director of Education
    - Director of Operations / Assistant Registrar
    - Director of Veterinary Nursing
    - Chief Digital Officer
    - People Director
    - Observer: CEO RCVS Knowledge (Note: RCVS Knowledge is a separate governance entity)

Appointment

- CEO: appointed by Council
- Registrar: appointed by Council
- Directors: contract of employment via regular recruitment

Terms of office

- Duration of employment in specific role

Meetings

- Typically fortnightly
- Quorum: majority of members present

Chair

- CEO

Secretary

- EA to CEO

DRAFT

Further reading

Senior Team | Royal College of Veterinary Surgeons

DRAFT

12. Summary Governance Structure

12.1 RCVS governance operates through:

- Council (strategic oversight): it is laid down in the Charter that the affairs of the College shall be managed by the Council as constituted under the Act. The Council shall have the entire management and superintendence over the affairs, concerns and property of the College
- Officer Team (executive governance)
- Committees (delegated authority)
- Statutory Committees (independent adjudication)
- Subcommittees and Panels (specialist functions)
- Executive (operational delivery)

This framework ensures the effective discharge of statutory duties while maintaining public confidence.

12.2 Review and Assurance

- Clear delegation of authority
- Defined reporting lines
- Independent assurance via committee
- Risk-based oversight

12.3 Summary of Delegation Scheme

Group	Delegated authority	Key decisions permitted	Limitations / Reserved Matters	Reporting / Assurance
Council	Ultimate statutory authority	Strategy, Codes, Rules, budget, appointments	Cannot delegate statutory accountability	Receives assurance from all committees
Advancement of the Professions Committee	Advancement of veterinary surgeon and veterinary nursing professions	Supports research, leadership, innovation and professional development	Cannot amend statutory framework	Professional advancement strategy, stakeholder engagement and impact
Audit and Risk Committee	Oversight of risk, audit and controls	Approve audit plan / strategy, review risk framework, scrutinise controls	Cannot set strategy or regulatory policy	Reports to Council with independent assurance
Education Committee	Regulation of education standards – pre-	Approve accreditation outcomes (unless	Cannot amend statutory framework	Reports to Council on

DRAFT

	and post registration	for new school, which goes to Council), set education standards		education quality and risks
Professional Conduct Liaison Committee	Fitness to Practise system performance, policy coherence and regulatory risk	Coordination between Fitness to Practise functions and Council	Cannot amend statutory framework	Reports to Council on policy relating to professional conduct framework
Finance and Resources Committee	Financial sustainability, resourcing, and governance framework	Financial strategy, budgeting and resource allocation, maintains governance framework	Cannot amend statutory framework	Reports to Council on financial and governance integrity
Registration Committee	Maintenance of Register(s)	Determine eligibility, oversee processes	Cannot change statutory criteria	Reports to Council on Register integrity
Standards Committee	Professional standards and supplementary guidance	Develop guidance, maintain Codes of Professional Conduct (within remit)	Major Code changes reserved to Council	Reports to Council on standards framework
Veterinary Nurses' Council	Regulates veterinary nurses under delegated authority	Sets standards for education, registration, and conduct of veterinary nurses	Cannot amend statutory framework	Reports to Council on veterinary nursing framework
Preliminary Investigation Committee	Case screening	Refer or close cases	Independent from adjudication stage and of Council decisions	Provides assurance on case progression
Disciplinary Committee	Statutory adjudication	Determines SPMC, impose outcomes (suspension/removal	Independent of Council decisions	Provides outcomes data

DRAFT

(+ Charter Case Committee)		from Register, warnings)		(no direction from Council)
Subcommittees / Working Groups / Boards	Specialist delegated tasks	Recommendations, casework, advisory outputs	Cannot exceed parent committee authority	Report to parent committees
Executive	Supports development of strategy, operational delivery	Implement strategy, manage operations	Cannot set policy or regulatory standards	Accountable to Council

12.4 Matters reserved to Council

Strategic and statutory responsibilities

- Setting overall strategic direction and approving operational plan
- Approval of regulatory frameworks, Codes of Professional Conduct, and Rules
- Exercising functions explicitly required under the Veterinary Surgeons Act 1966

Governance and accountability

- Approval of governance structure and committee Terms of Reference
- Appointment of committee members (includes ratification of members of statutory committees)
- Oversight of organisational performance and effectiveness

Financial stewardship

- Approval of annual budget and financial strategy
- Oversight of financial sustainability and major expenditure decisions

Risk and assurance

- Determination of risk appetite
- Receipt of independent assurance on governance, risk and control
- Oversight of significant or systemic risks

Public protection and reputation

- Ensuring effective regulation in the public interest
- Approval of major policy changes impacting the profession or public

Delegation framework

- Approval and periodic review of the Delegation Scheme
- Ensuring clarity of authority limits and accountability across all committees

DRAFT

13. Three Lines Model (Assurance Map)

The RCVS applies the Three Lines Model to structure assurance across governance:

First Line – operational management (Executive)

- Responsible for day-to-day delivery of regulatory functions
- Owns and manages risks
- Implements internal controls

Second Line – oversight functions (Committees)

- Standing committees provide oversight, scrutiny, and policy development
- Monitor risk, performance, and compliance within delegated areas
- Provide assurance to Council on effectiveness of controls

Third Line – independent assurance

- Audit and Risk Committee oversees internal and external audit
- Internal audit provides independent evaluation of governance, risk, and control
- External audit provides assurance on financial statements

Statutory Independence Overlay

- Preliminary Investigation Committee and Disciplinary Committee operate independently of the Three Lines Model in decision-making
- Provide judicial assurance through independent adjudication

DRAFT

14. Assurance framework (Committee risk mapping)

The assurance framework links committees to key regulatory risk domains:

Risk domain	Primary oversight body	Supporting bodies	Nature of assurance
Financial sustainability and controls	Audit and Risk Committee	Executive, internal audit strategy framework, external audit	Independent assurance on controls and financial integrity
Education quality and standards (veterinary surgeon and veterinary nurse)	Education Committee	Accreditation panels, Veterinary Nurses Education Committee, Examination Appeals Committee Specialist Recognition and Advanced Practitioner Appeals Committee	Assurance on quality of education and training
Register integrity and lawful entry	Registration Committee	Registration Appeals and Reviews Committee	Assurance on legality and consistency of registration
Professional Standards and ethics	Standards Committee	Ethics Review Panel, Routine Veterinary Practice Subcommittee, Riding Establishments Subcommittee, Practice Standards Group	Assurance on guidance, ethics, and standards framework
Fitness to Practise (public protection)	Statutory Committees (Preliminary Investigation Committee, Disciplinary Committee)	Executive (case management)	Independent case progression and adjudication assurance
Organisational performance and strategy	Council	All committees, Executive	Strategic oversight and integrated assurance

Key features of the Assurance Framework

- Clear allocation of assurance responsibilities

DRAFT

DRAFT

15. RCVS Knowledge

Role

- RCVS Knowledge is the College's independent charitable partner. A Memorandum of Understanding outlines the ways in which the College supports RCVS Knowledge, both financially and in kind. The College does this in accordance with powers in the Supplemental Royal Charter 2015
- The mission of RCVS Knowledge is to advance the quality of veterinary care for the benefit of animals, the public and society. The charity translates and disseminates the latest research from across the globe, making it easy to access and apply day-to-day work. It fosters approaches to shared learning, with training and tools to help veterinary teams integrate continuous improvement to the care they provide
- It also curates veterinary history, and that of the RCVS, with an archive that logs and tracks the evolving veterinary profession

Membership

- RCVS Knowledge maintains a register of members of the charity
- A Council member shall become a member if, upon their appointment to Council, they notify the Secretary in writing of their wish to do so

Appointment of Trustees

- Maximum number is 12:
  - One person to be appointed by the College Officers from among their member
  - Up to seven individuals registered on the veterinary surgeons register or veterinary nurses register, of which two shall be Council members
  - Up to four persons appointed who are not Council members but are of sufficient standing and experience in the fields of activity outside the practice of veterinary surgery and medicine to assist the Charity in raising funds and achieving the Objects
- Council members to be appointed as Trustees shall be selected by the Council

Terms of office and meetings

- Typically three years with a maximum of three terms
- Typically three meetings per year

Secretary

- CEO of RCVS

Further reading

Articles of Association of RCVS Trust – available from CEO RCVS Knowledge

RCVS and RCVS Trust (RCVS Knowledge) – Memorandum of Understanding – available from CEO RCVS Knowledge

RCVS Knowledge

DRAFT

Meeting	Council
Date	5 November 2026
Title	Chair, Preliminary Investigation Committee (PIC) – process for recruitment
Classification	Unclassified
Summary	This paper outlines the proposed process for the recruitment of PIC Chair.
Decisions required	Council are asked to note and discuss the contents of the paper and to agree to the process.
Attachments	Annex A – PIC Chair Candidate brief 2018 Annex B – PIC Chair person specification 2026 Annex C – PIC Chair role description 2026 Annex D – PIC and DC Protocol October 2022
Authors	Lisa Hall People Director 020 7202 0716 l.hall@rcvs.org.uk

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Annexes A-D	Unclassified	n/a

Background

1. There is a requirement to recruit a new Chair for the Preliminary Investigations Committee (PIC) after the current Chairs tenure is due to come to an end. Previously this process has been outsourced to a third party (Thewlis Graham Associates (TGA)) who have carried out this work; the appointment for this position was last carried out in 2018 however TGA have recruited for many positions since then, including the appointment of Lay Council members. This paper sets out the process to recruit using TGA as a preferred recruitment agency and provides an overview of the timeline and documentation required to appoint a new Chair.

2. The PIC is a statutory committee established under the Veterinary Surgeons Act (VSA) 1966 to conduct a preliminary investigation into every disciplinary case and of deciding whether the case should be referred to the Disciplinary Committee (DC). The Chair, PIC is a key role in the disciplinary function of the RCVS and one of the key elements in ensuring the RCVS meets its objectives and maintains confidence in the profession and in the RCVS as a regulator in the public interest.

3. A new Chair needs to be confirmed by the end of May 2027, as the current incumbent's tenure will terminate on 30 June 2027. The new Chair will need to become a member of PIC and to have a thorough handover. The timeline for appointment described in the paper is based on the end of May 2027 deadline.

4. The previous candidate pack that was issued to prospective candidates in 2018 (the last time that this position was recruited to), is attached to this paper at **Annex A** for information along with the draft advert from the same campaign. There is a revised draft person specification at **Annex B** and role description at **Annex C** that is proposed for this campaign.

5. There are some key differences between this and the previous campaign for the Council to be aware of:

    a. the previous campaign specified that the Chair should be a veterinary surgeon. There is no provision in this campaign for the Chair to be a veterinary surgeon – it is proposed that the role will be open to lay and veterinary candidates;

    b. the protocol referred to in the 2018 campaign was revised in 2022 and is attached at **Annex D**. There are some further minor revisions required which will be made before the recruitment goes live;

    c. the allowances are different than they were in 2018 with the allowance being higher; expenses are claimed in accordance with the RCVS expenses policy, which does not include (for example) first class travel.

6. It is proposed that the role is open to both lay and veterinary candidates to ensure that the widest possible field with the most relevant experience can be appointed. The role description has been amended so that it is not a requirement of the role of Chair to provide the Head of Professional Conduct (HoPC) and others at the RCVS with technical clinical knowledge. There is, of course, a need for clinical knowledge and expertise when considering cases in the Professional Conduct

Department, and there will be professionals on the Committee who will be able to provide the perspective of the veterinary professional and relevant context when cases are considered by the PIC. The PIC can obtain an expert opinion when required.

7. According to the VSA, Council appoint a Chair who is a member of the PIC. Therefore, the appointment will be for a "Chair Designate" who will become a member of the PIC on appointment and then take over the Chair on the existing Chair's departure on 1 July 2027.

8. It is recommended that the interview panel are made up of four members, they are

    a. one member of the RCVS Senior Team;
    b. one senior member of the Professional Conduct Department;
    c. one veterinary Council member;
    b. one external member from TGA.

9. The panel should have the combined experience of:

    a. regulatory experience and good judgement;
    b. a Chair or member of a committee or similar;
    c. independence and impartially to the RCVS;
    d. a full understanding of good recruitment principles and associated legislation.

10. It is essential that the appointment of a new Chair is fair and impartial. The Professional Conduct Liaison committee (PCLC) expressed the view that there should be a veterinary surgeon on the interview panel, and that internal members, with one external member, met the criteria.

11. **Table A** below shows an overview of the timeline to manage a recruitment campaign. Previously in arm's length campaigns there has not been a member of the RCVS present in interviews, so, for this campaign, a member of the People Team will be present in interviews, but in no way will influence any decision. They will be present to answer any questions about the RCVS, along with explaining the culture and values of the organisation.

12. The attraction process for the campaign will be via a number of media to ensure a wide range of candidates are attracted; those sources will be recommended by the People Team and may include adverts in *The Times*, LinkedIn, public appointments.gov, Institute of Directors (IoD), and Association of Chairs (AoC), along with any relevant veterinary methods to ensure veterinary professionals are aware. TGA will be asked to ensure that candidates are asked to complete a questionnaire so that the characteristics of the initial applicants and those who are successful at each stage of the process can be analysed when the process is complete to inform future campaigns.

Table A

Activity	By whom	When
Candidate brief signed off	Registrar	w/c 16 November 2026
Advert for panel members communicated	Thewlis Graham Associates (TGA)	w/c 23 November
Advert for Chair communicated	TGA	w/c 30 November
Close date for panel members	TGA	31 December
Panel members selected	TGA and RCVS People Team	By 22 January 2027
Panel members trained and briefed	People Team and Registrar	w/c 5 February
Close date for Chair applications	TGA	5 February (5pm)
Interviews for long list	Panel	w/c 1 March
Case study for shortlist	Panel	w/c 15 March
'Meet the team'	RCVS employees involved in the PIC process and PIC members	w/c 15 March
Offer	People Team	w/c 22 March
Onboarding	Registrar and RCVS employees	May 2027

13. The selection process for the position of Chair will be in three parts:

    a. interview of longlist candidates of approximately eight;
    b. case study of shortlist candidates of approximately four;
    c. 'meet the team' with the shortlist candidates. This stage will not form part of the decision-making process for appointment.

Next steps

14. Council are requested to discuss the content of the paper and agree to the process set out in the paper.

thewlis graham associates
EXECUTIVE SEARCH

Candidate Brief

Royal College of Veterinary Surgeons

RCVS Preliminary Investigation Committee (PIC)

Veterinary Chair Designate

RCVS SETTING VETERINARY STANDARDS

S1002

November 2018

Managing Director

Sarah Thewlis

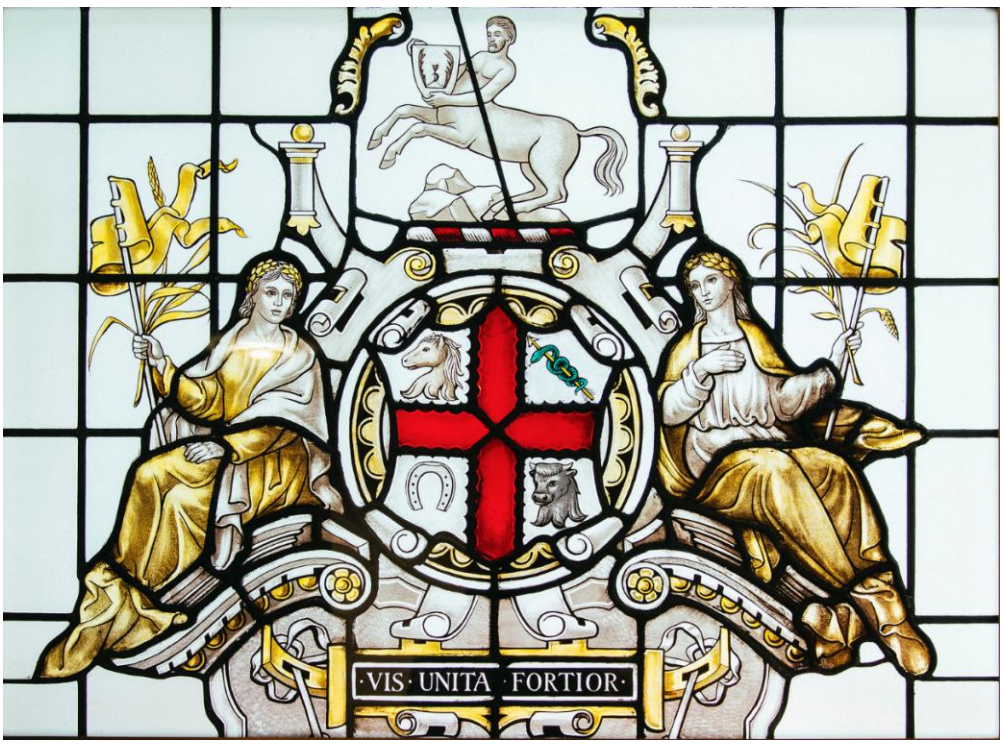
sat@thewlisgraham.com

Contents Page

1. Letter from Amanda Boag, President of the RCVS
2. About the RCVS and the committees
3. Person Specification
4. Conflicts of interest
5. Fitness to be Chair of the committee
6. Terms and conditions of office
7. Timeline, Application Process and How to Apply

Annex A: The seven principles of public life

Annex B: Conditions about fitness to be a member of a statutory committee





Welcome from Amanda Boag

President of the RCVS

Dear Candidate,

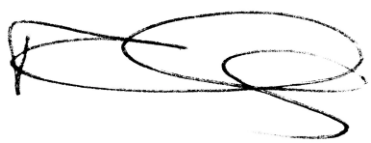
I am delighted that you have expressed an interest in applying to be the Chair Designate of The Preliminary Investigation Committee (PIC), which is one of the statutory committees of the RCVS which deals with allegations of professional misconduct against veterinary surgeons. These committees are an essential part of the regulatory arrangements that serve to assure the public that those who give veterinary care to animals are properly qualified and fit to practise. This is a very exciting opportunity to help support us in our long-term commitment to excellent veterinary care.

The RCVS are looking to appoint a vet as Chair Designate of the PIC Committee, to start in February 2019 with a view to taking over in July 2019. This is a significant leadership opportunity and will require the right person to sustain the integrity and independence of the Committee. At the same time, they will facilitate working with others to uphold the College's statutory role of considering concerns raised against veterinary surgeons. They will also have specific functions in relation to the chairing of meetings, as well as a wider role as leader of the Committee. The time commitment for this role will be around eight days per month.

If this is an opportunity that appeals to you and you believe you have the required skills and knowledge, commitment to the health and welfare of animals and the public interest plus are committed to the seven principles of public life, we would very much like to hear from you.

For a confidential conversation with Thewlis Graham Associates who are managing the process, please contact Sarah Thewlis, Managing Director on 0207 850 4781 or email applications@thewlisgraham.com. Sarah will be happy to discuss this opportunity with you and answer any questions you may have.

Yours sincerely



Amanda Boag

2) About the RCVS and the committees

The RCVS was established in 1844 by Royal Charter to be the governing body of the veterinary profession. Its statutory duties are currently laid out in the Veterinary Surgeons Act 1966. The College safeguards the interests of the public and animals by ensuring that only those registered can carry out acts of veterinary surgery.

It is committed to veterinary care; through regulation of the educational, ethical and clinical standards of veterinary surgeons and veterinary nurses, thereby protecting the interests of those dependent on animals, and assuring public health.

The RCVS is an organisation of two parts:

A **regulator**, with responsibilities set out in the Veterinary Surgeons Act 1966:

- To maintain a Register of Veterinary Surgeons entitled to practice in the UK
- To regulate veterinary education and the standards required for inclusion on the Register
- To regulate professional conduct by producing advice; investigating concerns and potentially removing names from the Register

A **Royal College**, with powers under the Royal Charter of 1844 and the Supplemental Charter of 2015:

- To award postgraduate qualifications, including Fellowships and Certificates
- To maintain a list of veterinary surgeons who are RCVS Specialists
- To inspect and accredit practice standards in accordance with the voluntary Practice Standards Scheme
- To support RCVS Knowledge and the development of veterinary science
- To provide a source of information and opinion on relevant veterinary matters.

In addition, we also:

- Register veterinary practice premises where veterinary medicines are stored or supplied, on behalf of the Veterinary Medicines Directorate
- Maintain, a list of approved riding establishment inspectors

On entering the College, all members declare that they will pursue the work of the profession with integrity, and that their constant endeavour will be to ensure the health and welfare of animals committed to their care. Our combined role, as regulator and Royal College, is to ensure that veterinary surgeons live up to this promise. http://www.rcvs.org.uk/about-us/royal-charter-and-legislation/.



RCVS Committees

The RCVS regulates the educational, professional and ethical standards of all veterinary surgeons, regardless of the kind of work they do. A robust investigation and disciplinary mechanism is in place and will be triggered if a veterinary surgeon falls short of the standards expected by the profession and the public. The statutory functions are set out in the Veterinary Surgeons Act 1966, and Supplemental Royal Charter 2015.

The Act requires the governing Council of the college to establish a Preliminary Investigation Committee (PIC) and a Disciplinary Committee (DC). The task of the PIC is to investigate any case in which it is alleged that a veterinary surgeon is liable to be removed from the register of veterinary surgeons, or suspended from the register for a period, by reason of serious professional misconduct. After investigation, the PIC decides whether to refer the case to the DC.

If a case is referred, the DC hears the evidence, determines the facts and, amongst other sanctions, has power to direct that the name of the person concerned should be removed from the register or that registration should be suspended for a period of time. The DC also deals with applications for restoration to the register following removal.

The PIC and DC were formerly made up of members of the RCVS Council, but the Act was amended in 2013 to require them to be composed entirely of non-Council members from 1 July 2015. The point of this change was to separate the setting of standards for veterinary conduct from the function of deciding whether there has been a breach of the standards in a particular case.

Working methods: Veterinary Surgeons' PIC

On average around 600 concerns about veterinary surgeons are reported to the RCVS each year. A fifth of these are investigated by the PIC. For further information please see here on the RCVS website.

The PIC delegates the investigation process to case examiner groups made up of a case manager, a veterinary examiner and a lay examiner. The case examiner group decides on the basis of documentary evidence (in particular correspondence with the complainant and the respondent veterinary surgeon,) whether there is an arguable case against the respondent, and if so refers the case to the PIC.



The committee then decides whether to refer the case on to the DC. Further details about the investigation procedure are available on the RCVS website.

Workload and time commitment:

The PIC

On the basis that the Chair attends 18 of the Committee's 22 scheduled meetings per year, the time commitment is likely to be around 90 –100 days per year, or approximately eight days per month.

thewlis graham associates
EXECUTIVE SEARCH

3) Person Specification

The role of the Chair of the Preliminary Investigation Committee

The Chair of the Committee ensures the integrity and independence of the Committee, whilst facilitating the College's statutory role of considering concerns raised against veterinary surgeons. He or she has specific functions in relation to the chairing of meetings, as well as a wider role as leader of the Committee.

Committee meetings

The Chair's primary role is in relation to meetings of the Committee, at which cases are decided, whether or not further investigation is necessary.

Specific duties in relation to the chairing of meetings:

1. To read all relevant papers in advance of each meeting and to prepare thoroughly for the meeting

2. Before each meeting, to ensure that all complaint papers have been circulated and to liaise with staff in the Professional Conduct department in relation to the cases to be considered at that meeting.

3. To attend and chair in the region of 18 meetings of the Committee, managing the agenda and the timings for it, encouraging active participation from Committee members, focussing discussions and summarising outcomes.

4. At the meeting, to ensure that the Committee's statutory function and the objectives of the meeting are fulfilled, and to manage any conflicts of interest appropriately.

5. After each meeting, to review the closing letters for cases discussed and closed at that meeting in order to ensure that the content relating to veterinary practice is correct and consistent.

Leadership of the Committee

The Chair has a wider responsibility to promote the efficient working of the Committee and reports to Council annually to provide an overview of the Committee's work.

Specific duties in relation to leadership of the Committee

1. To attend, providing assistance as appropriate, training days for the Committee

2. With the Head of Professional Conduct, to carry out appraisals of other members of the Committee

3. To deal with concerns and queries raised by individual members, being alert also to problems over the performance of individual members and possible training needs

4. To take the lead in any discussions by the Committee of common issues such as working methods and to ensure that confidentiality and data security are respected

5. To represent the Committee on the Preliminary Investigation/Disciplinary Committee Liaison Committee

6. Together with the Head of Professional Conduct, to provide written reports of the Committee's activities to RCVS Council and to attend Council meetings once each year to present an overview of the Committee's work.

Other duties

The Chair's role also includes the following duties:

1. Together with the Head of Professional Conduct, to authorise that serious concerns, cautions or convictions identified by the Registrar or Professional Conduct staff should be referred directly to the Committee.

2. To carry out reviews of cases decided by the Case Examiner Group or the Committee, where it is submitted by a party to the complaint that there is a significant error in the decision reached, or that there is new evidence in the case which has not previously been considered

3. To provide support to the Professional Conduct department in respect of clinical issues raised in cases under consideration

4. To liaise between the Committee and the Professional Conduct department generally

5. To provide clinical advice or clarification to lay members of the Case Examiner groups

Essential/desirable criteria

- A currently registered veterinary surgeon, actively working in any spheres of veterinary practice;
- minimum of five years post qualification experience;
- previous experience of committee involvement (essential) or experience of chairing meetings (desirable);
- able to grasp detail, evaluate evidence or information and make objective, unbiased and rational decisions;
- understanding of, and commitment to Nolan Principles of Public Life; and
- able to show leadership in commitment to the health and welfare of animals and the public interest

Appointment will be made on the basis of merit. In choosing between candidates of equal merit regard may also be had to the desirability of committee members having collectively a range of experience.

4) Conflicts of interest

Committee members will be required to declare any general conflict of interest of any relevant business interests, positions of authority or other connections with organisations relevant to the business of the Royal College of Veterinary Surgeons and any conflict of interest that arises in the course of committee business.

Candidates who hold office in, or are employed by, organisations which represent the interests of the veterinary profession, or provide indemnity insurance for veterinary surgeons, may also be required to withdraw from such offices or employment if offered appointment to one of the committees. Any such office or employment should be declared at the outset. Candidates should also be aware that, if appointed to any of the committees, they would be expected to refrain from becoming involved in their private capacity in investigating or acting as expert witnesses in relation to any matter that might potentially come before one of the committees.

5) Fitness to be Chair Designate

Members of the PIC and DC hold office subject to satisfying certain conditions. Factors which will affect an applicant's suitability include, but are not limited to,

- criminal convictions or outstanding criminal charges;
- a finding of impaired fitness to practise by any regulatory body;
- disqualification from a profession or as a company director; and bankruptcy;
- having an unspent conviction for a money laundering, bribery or terrorism-related offence, among others;
- having ever been found to be in contempt of court;
- having ever been removed as an officer or employee of a charity for misconduct or mismanagement;
- being subject to notification requirements under sexual offences legislation (i.e., they are on the sex offenders register); or
- being a "designated person" under anti-terrorist legislation.

The full conditions which apply to service as a member of the PIC or DC will be set out in RCVS protocol, the relevant provisions of which are in annex B below. Applicants must disclose full details if any of the matters mentioned in the protocol applies to them.

Veterinary surgeons who seek appointment should be aware that, if they are selected for interview, information held by the RCVS on any past complaints against them which have been referred to the PIC or DC, or any current complaints, will be disclosed to the Selection Committee. Any information disclosed in this way will be copied to the candidate in question.

6) Terms and conditions of office

Payments

- Committee members will be office holders, not employed by the RCVS. They will be entitled to a financial loss allowance based on the number of days or half days spent on College business.
- The limits for reimbursement of financial loss and travelling expenses are set by the RCVS Council and are currently under review.

Remuneration

- Remuneration is set to £310 per day. This is currently under review.

Allowances

- Committee members are eligible to claim reimbursement of overnight subsistence of up to £200 per night and first class rail fare, economy air fare or motor mileage.
- There is no stationery/computer consumables allowance.

Taxation

- For those in full or part-time employment, or those not in employment, the RCVS will deduct at tax at source as though the individual was on the RCVS payroll.
- Those who are self-employed, and have a consultancy, would be paid in full on an invoice from the consultancy, on the assumption that they pay any tax due themselves.

All committee members will be required to comply with arrangements for appraisal for their performance plus attend two-day annual training (post appointment) and any necessary ad hoc training. There will be additional one-day training for Chairs/Vice-Chairs.



7) Timeline, Application Process and How to Apply

Dates	Activity
21 November 5pm	Closing date for applications.
27 November	Candidates informed of outcome
4, 5, 6 December	Interviews by Thewlis Graham Associates - London
w/c 14 or 21 January 2019	Independent Selection Panel interviews - London
w/c 28 January 2019	Candidates informed of outcome

Application Process

Thewlis Graham Associates will acknowledge all applications. These will be assessed against the criteria in the Person Specification section and the people who best meet these will be invited for interview with Thewlis Graham Associates in their offices in London.

Those candidates not invited to interview will be advised by email by 27 November.

Longlisted candidates will be advised by email. After a consultation between the Independent Selection Panel and Thewlis Graham Associates a Shortlist will be drawn up and shortlisted candidates invited for interview by an Independent Selection Panel. All candidates will be informed of the outcome following this date.

How to Apply

To apply for this opportunity, please email the following documents (in word format) to applications@thewlisgraham.com, quoting reference **S1002, by 17:00 on November 21.**

1. A comprehensive CV
2. A covering letter containing:

    - Your current remuneration details and notice period
    - The name, job title, organisation, email address and mobile phone number of two professional referees. (Please note: referees will not be approached without your prior permission.)

Please ensure that you include your mobile phone number and email address in your application. Do not hesitate to call Claire Drummond on +44 (0)20 7850 4781 if you have any queries.

Diversity Monitoring

Please click on this link to complete the diversity monitoring survey.

This is independent of the recruitment process but please do complete the survey with your application as Thewlis Graham Associates is committed to monitoring and analysing diversity information so that we can ensure that our processes are fair, transparent, promote equality of opportunity for all, and do not have an adverse impact on any particular group.

Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. It will not be seen by anybody directly involved in the selection process. No information will be published or used in any way which allows any individual to be identified.

Annex A)

The seven principles of public life

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Annex B)

Extract from the Royal College of Veterinary Surgeons Preliminary Investigation Committee and Disciplinary Committee Protocol 2014

Conditions about fitness to be a member of a statutory committee

Members of the committees shall hold office subject to satisfying the following conditions: -

(a) they must at no time have been convicted of an offence involving dishonesty or deception in the United Kingdom, or in relation to the welfare of animals, or where the final outcome of the proceedings was a sentence of imprisonment or detention, the conviction not being a spent conviction;

(b) they must at no time have been removed from the office of charity trustee or trustee for a charity by reason of any misconduct or mismanagement in the administration of the charity for which the person was responsible or to which the person was privy, or which the person contributed to or facilitated by their conduct;

(c) they must at no time have been removed from office as the chair, member, convenor or director of any public body on the grounds that it was not in the interests of, or conducive to the good management of, that body that the person should continue to hold that office;

(d) they must at no time have been adjudged bankrupt or had sequestration of their estate awarded, the person not having been discharged;

(e) they must not be the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order;

(f) they must at no time have made a composition or arrangement with, or granted a trust deed for, their creditors, not having been discharged in respect of it;

(g) they must not be disqualified from being a company director;

(h) they must not be included in a barred list under statutory provisions for the safeguarding of vulnerable groups;

(i) they must at no time have been subject to any investigation or proceedings concerning fitness to practise by any licensing body, if the final outcome of the investigation or proceedings was suspension from a register held by the licensing body (that suspension not having been terminated), or erasure from such a register, or a decision that had the effect of preventing practice of the profession licensed or regulated by the licensing body, or only allowing practice subject to conditions which were not lifted;

(j) they must at no time have had their name removed from the register of veterinary surgeons under section 16 of the Veterinary Surgeons Act 1966;

(k) they must not have been the subject of a direction under section 16 of the Veterinary Surgeons Act 1966 for their registration to be suspended, if that suspension remains in operation;

(l) they must not be, or have been, subject to any investigation or proceedings concerning fitness to practise by any licensing body or by the Council, or at any time convicted of an offence elsewhere than in the United Kingdom, if the Council is satisfied that their membership of the committee would in view of that investigation or those proceedings or that conviction be liable to undermine public confidence in the regulation of the veterinary profession;

(m) their attendance at meetings of the committee must not have fallen below a minimum level of attendance acceptable to the Council;

(n) they must undertake any education or training required by the Council and comply with any arrangements as to appraisal of their performance as committee members which the Council may require;

(o) they must not be unable to perform their duties as committee members because of adverse physical or mental health.

The Council may remove from office any member of a statutory committee if satisfied that they do not comply with one or more of the conditions mentioned above, or that their membership of the committee would for any other reason be liable to undermine public confidence in the regulation of the veterinary profession.

Before removing from office, a member of a statutory committee, the council will set up a panel to advise it on the matter and will have regard to the advice of that panel. The panel will not include members of the Council.

Royal College of Veterinary Surgeons

Preliminary Investigation Committee (PIC) Veterinary Chair Designate Vacancy

The RCVS was established in 1844 by Royal Charter to be the governing body of the veterinary profession with the purpose of safeguarding the interests of the public and animals by ensuring that only those registered with the RCVS practise veterinary surgery. The RCVS is committed to veterinary care; through regulation of the educational, ethical and clinical standards of veterinary surgeons and veterinary nurses, thereby protecting the interests of those dependent on animals, and assuring public health.

One of the functions of the RCVS is to have in place a robust investigation and disciplinary mechanism if concerns about the work of a veterinary surgeon falls short of the standards expected by the profession and the public. The statutory functions are set out in the Veterinary Surgeons Act 1966, and Supplemental Royal Charter 2015. This is done through the two statutory committees: The Preliminary Investigation Committee (PIC) and the Disciplinary Committee (DC). The task of the PIC is to investigate any case in which it is alleged that a veterinary surgeon is liable to be removed from the register of veterinary surgeons, or suspended from the register for a period, by reason of serious professional misconduct. After investigation, the PIC decides whether to refer the case to the DC.

The RCVS are looking to appoint a vet as Chair Designate of the PIC Committee, to start in February 2019 with a view to taking over in July 2019. This is a significant leadership opportunity and will require the right person to sustain the integrity and independence of the Committee. At the same time, they will facilitate working with others to uphold the College's statutory role of considering concerns raised against veterinary surgeons. They will also have specific functions in relation to the chairing of meetings, as well as a wider role as leader of the Committee. The time commitment for this role will be around eight days per month.

Essential Chair Criteria:

- A currently registered veterinary surgeon, actively working in any spheres of veterinary practice;
- minimum of five years post qualification experience;

- previous experience of committee involvement (essential) or experience of chairing meetings (desirable);
- able to grasp detail, evaluate evidence or information and make objective, unbiased and rational decisions;
- understanding of, and commitment to Nolan Principles of Public Life; and
- able to show leadership in commitment to the health and welfare of animals and the public interest

Remuneration: Set at a maximum of £310.00 per day, currently under review, and expenses will be covered for these roles.

Closing date: 21 November 2018 5pm

Interviews: Thewlis Graham Associates will interview candidates on 4, 5, 6, December in London. The RCVS Independent Selection Panel will interview shortlisted candidates w/c 14 January or w/c 21 January 2019.

For further information and details of how to apply please visit our microsite: Thewlis Graham Associates. For a confidential discussion please contact Thewlis Graham Associate on +44 (0)20 7850 4781.

Chair of the Preliminary Investigation Committee (PIC)

Role purpose

To provide effective and impartial leadership of Preliminary Investigation Committee, ensuring that proceedings are conducted fairly, efficiently and in accordance with relevant legal, regulatory and procedural requirements.

The postholder will lead the Committee in assessing evidence, reaching robust and reasoned decisions, and carrying out its responsibilities in the interests of animal health and welfare and in the public interest. They will promote constructive discussion, ensure that all relevant perspectives are properly considered and support the Committee to reach clear, evidence-based conclusions.

This person specification should be considered in conjunction with the role description.

The Chair of the PIC must comply with the Nolan Principles of Public Life, namely:

Selflessness
Decisions should be taken solely in the public interest.

Integrity
Individuals should avoid obligations or relationships that could improperly influence them. They should not use their position to secure financial or other material benefits for themselves, family or friends, and should declare and resolve relevant interests and relationships.

Objectivity
Decisions should be made impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability
Individuals are accountable to the public for their decisions and actions and should submit themselves to the scrutiny necessary to ensure accountability.

Openness
Decisions and actions should be open and transparent. Information should only be withheld where there are clear and lawful reasons for doing so.

Honesty
Holders of public office should be truthful.

Leadership

Individuals should demonstrate these principles through their own behaviour, treat others with respect, actively promote and support the principles, and challenge poor behaviour when it occurs.

Person Specification

Leadership of the Committee

The successful candidate will demonstrate the ability to:

- provide confident, inclusive and impartial leadership;
- establish a culture in which members feel able to question, challenge and express differing views;
- draw effectively on the different knowledge, skills and experience of Committee members;
- build consensus where appropriate without suppressing legitimate disagreement;
- maintain the Committee's focus on its purpose and responsibilities;
- support collective ownership of Committee decisions;
- maintain appropriate standards of behaviour and professionalism;
- recognise when specialist or professional advice should be sought;
- reflect on the Committee's effectiveness and identify opportunities for improvement; and
- command the confidence and respect of Committee members and stakeholders.

Evidence sought at selection: Examples of successfully leading a diverse group through complex discussions or decision-making and creating an environment in which constructive challenge was encouraged.

Effective chairing of proceedings

The successful candidate will demonstrate the ability to:

- establish an appropriate structure and tone for proceedings;
- conduct proceedings fairly, impartially and efficiently;
- ensure that relevant procedural requirements are followed;
- maintain appropriate boundaries between chairing proceedings and advocating a particular outcome;
- manage complex, sensitive or contentious discussions effectively and sensitively;
- ensure that all Committee members have an appropriate opportunity to contribute;
- manage time effectively without compromising fairness or proper consideration of the issues;
- summarise the issues and areas of agreement or disagreement accurately;
- respond calmly and effectively to unexpected procedural or interpersonal difficulties; and
- ensure that proceedings move towards clear conclusions and decisions.

Evidence sought at selection: Significant experience of chairing formal meetings, hearings, panels, committees or comparable decision-making proceedings.

Knowledge and experience

Candidates should have:

- significant experience within a professional regulatory, disciplinary, public sector or animal health and welfare environment;
- significant experience of structured decision-making;
- experience of assessing complex information and reaching evidence-based conclusions;
- substantial experience of chairing or participating in formal committees, panels, hearings or equivalent proceedings;
- experience of working collaboratively with people from different professional or personal backgrounds;
- an understanding of the principles of fairness, impartiality, transparency and good governance; and
- the credibility and judgement necessary to lead a Committee, undertaking significant decision-making responsibilities.

Evidence sought at selection: Significant knowledge and professional experience of working in a relevant environment in a decision-making capacity.

Assessing evidence and making decisions

The successful candidate will demonstrate the ability to:

- assimilate and critically assess substantial or complex information;
- distinguish relevant evidence from information that is peripheral to the issues under consideration;
- evaluate the quality, reliability and significance of evidence;
- identify inconsistencies, gaps and areas requiring further clarification;
- weigh competing or conflicting evidence objectively;
- apply an appropriate legal, regulatory or policy framework to the evidence presented;
- exercise sound judgement where the evidence is incomplete or finely balanced;
- reach decisions without being improperly influenced by irrelevant considerations;
- ensure that decisions are proportionate, consistent and capable of being justified; and
- articulate clear and logical reasons for decisions.

Evidence sought at selection: Examples of making significant decisions based on complex or conflicting evidence and being able to explain the reasoning underlying those decisions.

Communication skills

The successful candidate will demonstrate the ability to:

- listen carefully and objectively to different perspectives;
- assimilate detailed oral information while maintaining an understanding of the wider issues;
- identify the key points arising from evidence, submissions and discussion;
- ask appropriate, focused and non-leading questions to clarify relevant matters;
- recognise when an issue has not been fully addressed;
- demonstrate that different perspectives have been heard and understood, including where they are ultimately not accepted;
- summarise complex discussions accurately and impartially; and

- adapt their communication style appropriately to different participants and circumstances.

Evidence sought at selection: Examples demonstrating effective listening, questioning and communication in complex, sensitive or contested situations.

Acting in the public interest and in the interests of animal health and welfare

The successful candidate will demonstrate:

- a strong commitment to acting in the public interest;
- a clear understanding of the importance of the public interest in regulatory and professional decision-making;
- integrity, independence and impartiality;
- an understanding of the importance of public confidence in regulatory decision-making;
- the ability to recognise and appropriately manage conflicts of interest;
- sensitivity to the impact that decisions may have on animal health and welfare, individuals, the professions and the wider public; and
- the ability to balance competing considerations while maintaining appropriate focus on the Committee's statutory or regulatory purpose.

Personal qualities

The successful candidate will:

- act with integrity and independence;
- be fair, objective and impartial;
- demonstrate sound judgement;
- remain calm and authoritative in challenging situations;
- have the confidence to make difficult decisions;
- demonstrate intellectual curiosity without losing sight of the central issues;
- communicate clearly and respectfully;
- be comfortable constructively challenging others and being challenged themselves;
- demonstrate a strong commitment to public confidence, animal health and animal welfare; and
- Demonstrate a strong commitment to equity, diversity and inclusion.

Chair of the Preliminary Investigation Committee (PIC)

Role

1. The Chair of the Preliminary Investigation Committee ("the Committee") provides effective and impartial leadership to the Committee and has specific functions in relation to the chairing of meetings.

2. The Chair ensures that proceedings are conducted effectively, fairly and impartially in order to facilitate the College's statutory role to consider concerns raised against veterinary surgeons.

Specific duties in relation to meetings of the Stage two Preliminary Investigation Committee (S2PIC)

3. The statutory function of the Committee is to refer cases to the Disciplinary Committee (DC) or the Charter Case Committee (CCC) where there is a realistic prospect of proving disgraceful conduct in a professional respect ("serious professional misconduct"), or for convictions, rendering them unfit to practise as a veterinary surgeon.

4. Cases are considered in the first instance by a Stage one Preliminary Investigation Committee (S1PIC), comprising three members of the full Committee. If it is not possible to conclude at Stage one that there is no realistic prospect of the facts being proven/crossing the threshold of seriousness, then cases will be considered by the S2PIC. That Committee meets in private on a fortnightly basis to consider cases adjourned from Stage one.

5. The Chair together with the Head of Professional Conduct (HoPC) may authorise that serious concerns, cautions or convictions identified by Case Managers or S1PICs should be referred directly to the DC.

6. The Chair attends and chairs all meetings of the S2PIC. He or she has an allowance of one day per meeting reading time and is expected to have read all of the relevant papers in advance of each meeting.

7. Before each meeting, the Chair ensures that all complaint papers have been circulated to the Committee by the Professional Conduct Team and that all is in order for the meeting to proceed efficiently.

8. At each meeting, the Chair ensures that both the Committee's statutory responsibility and the objectives of the meeting are met. The Chair chairs each meeting effectively and decisively, focuses discussion and encourages all members to participate.

9. After each meeting, the Chair reviews Records of Decision for cases discussed and closed at that meeting in order to ensure that the content correctly reflects the decision and the basis for it.

Leadership of the Committee

10. The Chair has a wider responsibility to promote the efficient working of the Committee, and accordingly:

    - attends, and provides assistance with, training days for the Committee;

    - carries out appraisals of other members of the Committee with the HoPC;

    - identifies problems over the performance of individual members and possible training needs, including dealing with concerns and queries of members;

    - will take the lead in any discussions by the Committee of common issues such as working methods;

    - to ensure that confidentiality and data protection obligations are complied with

11. The Chair represents the Committee on the Professional Conduct Liaison Committee (PCLC).

Other duties

12. The Chair is also expected to perform other duties, which include but are not limited to:

    - liaising with auditors where required regarding PIC decisions;

    - delivering webinars and training together with the HoPC.

Fitness to be Chair of the PIC

13. Members of the PIC and DC hold office subject to satisfying certain conditions. These conditions are set out in the Royal College of Veterinary Surgeons Preliminary Investigation Committee and Disciplinary Committee Protocol 2022.

Preliminary Investigation Committee and Disciplinary Committee protocol

Made by the Council of the Royal College of Veterinary Surgeons on 11 November 2021, to come into force on 1 October 2022.

Citation

1. This protocol may be cited as the Royal College of Veterinary Surgeons Preliminary Investigation Committee and Disciplinary Committee Protocol 2021.

Interpretation

2. In this protocol, "the committees" or "the statutory committees" means the Preliminary Investigation Committee and the Disciplinary Committee.

   References to the appointment of members of the committees are to the appointment by the Council of persons other than its own members under paragraph 1 of Schedule 2 to the Veterinary Surgeons Act 1966.

3. “Stage one cases” are those in which the Preliminary Investigation Committee can decide that there is not a realistic prospect of proving serious professional misconduct on the basis of information provided without recourse to further or more extensive investigation.

4. “Stage two cases” are those that may require further investigation (for example, expert evidence or formal statements) in order to determine whether there is a realistic prospect of proving serious professional misconduct.

Appointment of committee members

5. The Council will set up a committee (here referred to as "the selection committee") to advise it on the appointment of members of the statutory committees. Before appointing members of the committees Council will have regard to the advice of the selection committee.

6. The selection committee will not include members of the Council.

7. A person who has served as a member of the Preliminary Investigation Committee will not be appointed to the Disciplinary Committee unless three years have elapsed since the person concerned ceased to be a member of the Preliminary Investigation Committee.

Term of office

8. Appointed members of the committees will hold office for four years or such shorter term as the Council may determine in a particular case.

9. Appointed members may serve for a maximum of two terms.

Conditions about fitness to be a member of a statutory committee

10. Members of the committees will hold office subject to satisfying the following conditions:-

(a) they must at no time have been convicted of an offence involving dishonesty or deception in the United Kingdom, or in relation to the welfare of animals, or where the final outcome of the proceedings was a sentence of imprisonment or detention, the conviction not being a spent conviction;

(b) they must at no time have been removed from the office of charity trustee or trustee for a charity by reason of any misconduct or mismanagement in the administration of the charity for which the person was responsible or to which the person was privy, or which the person contributed to or facilitated by their conduct;

(c) they must at no time have been removed from office as the chair, member, convenor or director of any public body on the grounds that it was not in the interests of, or conducive to the good management of, that body that the person should continue to hold that office;

(d) they must at no time have been adjudged bankrupt or had sequestration of their estate awarded, the person not having been discharged;

(e) they must not be the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order;

(f) they must at no time have made a composition or arrangement with, or granted a trust deed for, their creditors, not having been discharged in respect of it;

(g) they must not be disqualified from being a company director;

(h) they must not be included in a barred list under statutory provisions for the safeguarding of vulnerable groups;

(i) they must at no time have been subject to any investigation or proceedings concerning fitness to practise by any licensing body, if the final outcome of the investigation or proceedings was suspension from a register held by the licensing body (that suspension not having been terminated), or erasure from such a register, or a decision that had the effect of preventing practice of the profession licensed or regulated by the licensing body, or only allowing practice subject to conditions which were not lifted;

(j) they must at no time have had their name removed from the register of veterinary surgeons under section 16 of the Veterinary Surgeons Act 1966;

(k) they must not have been the subject of a direction under section 16 of the Veterinary Surgeons Act 1966 for their registration to be suspended, if that suspension remains in operation;

(l) they must not be, or have been, subject to any investigation or proceedings concerning fitness to practise by any licensing body or by the Council, or at any time convicted of an offence elsewhere than in the United Kingdom, if the Council is satisfied that their membership of the committee would in view of that investigation or those proceedings or that conviction be liable to undermine public confidence in the regulation of the veterinary profession;

(m) their attendance at meetings of the committee must not have fallen below a minimum level of attendance acceptable to the Council;

(n) they must undertake any education or training required by the Council and comply with any arrangements as to appraisal of their performance as committee members which the Council may require;

(o) they must not be unable to perform their duties as committee members because of adverse physical or mental health.

11. The Council may remove from office any member of a statutory committee if satisfied that they do not comply with one or more of the conditions mentioned above, or that their membership of the committee would for any other reason be liable to undermine public confidence in the regulation of the veterinary profession.

12. Before removing from office a member of a statutory committee, the Council will set up a panel to advise it on the matter and will have regard to the advice of that panel. The panel will not include members of the Council.

Chair

13. The Council shall designate a member of each statutory committee as chair, as specified in paragraph 1(5) of Schedule 2 of the Act.

Vice-chair

14. The Council may from time to time designate one or more members of a statutory committee to be vice-chair, and may at any time remove such a designation.

Clerk to Preliminary Investigation Committee

15. The registrar shall appoint a clerk to the committee, who may be an employee of the College but not a member of the Council.

Stage one case meetings of the Preliminary Investigation Committee

16. Cases at stage one shall be considered at a meeting of the committee (generally consisting of three members), one of whom will lead the meeting. The Clerk shall convene meetings in consultation with the members. Such meetings shall be held fortnightly.

17. Cases can be closed with or without advice at stage one meetings. Matters that cannot be concluded at this point will be referred on to a stage two case meeting.

Stage two case meetings of the Preliminary Investigation Committee

18. Cases at stage two shall be considered at a meeting of the committee. Such meetings are to be held as required.

19. Stage two cases can be closed (with or without advice), referred to the Disciplinary Committee, or referred to the Charter Case Committee [not yet in place – name to be confirmed].

20. The clerk shall convene stage two case meetings of the committee, having consulted the chair or, in the absence or incapacity of the chair, the vice-chair. At least ten days' notice shall be given of every meeting, unless the chair or vice-chair who is to preside at the meeting directs that a shorter period is permissible.

21. The agenda for a stage two case meeting of the committee shall state clearly the business to be transacted.

22. The chair or a vice-chair of the Preliminary Investigation Committee shall preside at stage two case meetings. If, during the course of a meeting of the committee, the person presiding ceases to be able to do so by reason of indisposition, conflict of interest or some other cause, the chair or a vice-chair or such other member of the committee as the members of the committee present may choose shall preside for the rest of the meeting.

Meetings of the committees

23. The committees may meet and conduct inquiries with less than the full membership of the committee being present.

24. Any decision made by one of the committees at such a meeting or inquiry shall be a decision of the committee, provided that the quorum for meetings of the committee, as specified in paragraph 3 of Schedule 2 to the Act, is observed.

Reporting to the Council

25. The committees shall report to the Council from time to time on the discharge of their functions.

Summary

Meeting	Council
Date	5 November 2026
Title	Preliminary Investigation Committee Report to Council
Summary	This report describes the work of the Preliminary Investigation Committee since RCVS Council's last meeting, including by reference to key stage indicators, and provides information about the nature of concerns being considered by the RCVS.
Decisions required	None
Attachments	None
Authors	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

[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

Preliminary Investigation Committee

Report to Council November 2026

Introduction

1. This report provides information about the activities of the Preliminary Investigation Committee (PIC) since the last report and covers the period 24 August 2026 to 23 October 2026.

2. Since the last Report to Council there have been four Stage two Preliminary Investigation Committee (S2PIC) meetings (2 September, 16 September, 7 October and 21 October 2026).

New cases considered by the S2PIC

3. The total number of new cases considered by the S2PIC at the four meetings referred to above is seven. Of the seven new cases considered:

   - Three were concluded at first consideration by the Committee;
   - Four were referred for further investigation, that is, further enquiries, visits and/or preliminary expert reports;
   - No new cases were referred to the Disciplinary Committee (DC).

4. No cases have been referred to the RCVS Performance or Health Protocols in the reporting period.

Ongoing Investigations

5. The S2PIC is currently investigating 40 ongoing cases where the Committee has requested statements, visits or preliminary expert reports (for example).

Health Protocol

6. There are no veterinary surgeons either under assessment or currently on the RCVS Health Protocol.

Performance Protocol

7. There is one veterinary surgeon currently on the RCVS Performance Protocol.

Professional Conduct Department - Enquiries and concerns

8. Before registering a concern with the RCVS, potential complainants must make an Enquiry (either in writing or by telephone), so that Case Managers can consider with the enquirer whether they should raise a formal concern or whether the matter would be more appropriately dealt with through the Veterinary Client Mediation Service (VCMS).

9. In the period 24 August to 23 October 2026:

   - the number of matters registered as Enquiries was 760; and,
   - the number of formal Concerns registered in the same period was 179.

10. In order to demonstrate the trend in case numbers, the number of concerns registered per calendar year for the last six years is below:

    - 12 months to end of December 2025 759
    - 12 months to end of December 2024 667
    - 12 months to end of December 2023 614
    - 12 months to end of December 2022 544
    - 12 months to end of December 2021 683
    - 12 months to end of December 2020 509

11. The table below shows the categories of matters registered as Concerns between 24 August and 23 October 2026. Council is asked to note that a new CRM system was introduced in July 2026, and its reporting functions are not currently operational. The information below may, therefore, contain some inaccuracies.

Concerns registered between 24 August and 23 October 2026

Description of Category	Number of Cases
- Advertising and publicity	
- Certification	
- Client confidentiality	2
- Clinical and client records	8
- Clinical governance	
- Communication and consent	14
- Communication between professional colleagues	
- Consumer rights and freedom of choice	
- Conviction	
- CPD compliance	
- Delegation to veterinary nurses	
- Equine pre-purchase examinations	
- Euthanasia of animals	2
- Euthanasia of animals – 'Tuk's law'	1
- Fair trading requirements	
- Giving evidence for court	1
- Health case (*potential)*	
- Microchipping	
- Miscellaneous	1
- Named veterinary surgeons	
- Practice information, fees & animal insurance	2
- Performance case *(potential)*	
- Raising concerns about a colleague	6
- Recognised veterinary practice	

- Referrals and second opinions	5
- Registration investigation	
- Restoration application	
- Social media and networking forums	
- Treatment of animals by unqualified persons	3
- Use of samples, images, post-mortems and disposal	
- Veterinary care - general	82
- Veterinary care – surgical errors/complications	4
- Veterinary care – unnecessary treatment/diagnostic work	
- Veterinary care – unfit discharge/post-op complications	3
- Veterinary care – missed or misdiagnosis	14
- Veterinary medicines	8
- Veterinary medicines – application of factors without physical examination	
- Veterinary medicines – prescribing CDs/antimicrobials without physical examination	1
- Veterinary medicines – 'under care' query, other	1
- Veterinary teams and leaders	1
- 24-hour emergency first aid and pain relief	8
- Unassigned	12
Total	**179**

Data source – Microsoft Dynamics 365 CRM computer system professional conduct concerns data.

Referral to Disciplinary Committee

12. In the period 24 August to 23 October 2026, the Committee has referred four cases involving four veterinary surgeons to the DC.

Referral to Charter Case Committee

13. In the period 24 August to 23 October 2026, no cases have been referred to the Charter Case Committee (CCC).

Veterinary Investigators

14. The Chief Investigator and Veterinary Investigators have undertaken two visits since the last report. The two visits were follow-up PIC announced visits to two veterinary surgeons to confirm improvements had been put in place following the initial visits in February and May 2026.

Concerns procedure

15. The median number of weeks in which cases concluded at Stage one can be seen below.

Month in which case concluded	Median number of weeks taken
January 2025	17.4
February 2025	13.4
March 2025	14.3

April 2025	10.1
May 2025	14.7
June 2025	15
July 2025	18.9
August 2025	17.1
September 2025	18
October 2025	14
November 2025	16.2
December 2025	19.1
January 2026	19.1
February 2026	13.9
March 2026	17.7
April 2026	14.9
May 2026	15.6
June 2026	16.9
July 2026	17.9
August 2026	19.2
September 2026	16.3

16. The KPI for cases at Stage one is six months. As well as reporting those that meet/don't meet that KPI, we provide median times taken, as this is a good indicator of the most likely duration of matters for those involved in the process.

17. The percentage of cases that met the six-month KPI is below.

Month case started	Cases that met KPI
January 2025	94%
February 2025	79%
March 2025	90%
April 2025	85%
May 2025	89%
June 2025	84%
July 2025	88%
August 2025	84%
September 2025	88%
October 2025	82%
November 2025	87%
December 2025	89%
January 2026	86%
February 2026	90%
March 2026	84%

18. The Stage 2 KPI is currently for the PIC to reach a decision on simple cases before it within seven months. A case is deemed to be complex where the PIC requests that witness statements and/or expert evidence be obtained. There is no set KPI for complex cases, in view of the specific complexities of each case. Cases are reported in detail to the Professional Conduct Liaison Committee, which is able to discuss and monitor performance accordingly.

19. In the period 24 August to 23 October 2026, the S2PIC reached a decision (to close, refer to the CCC, or refer to DC) within the relevant KPI in two out of three simple cases.

20. Eleven complex cases were decided. In accordance with the above, these cases (and the work of the department in general) are reported and discussed in detail at the Professional Conduct Liaison Committee meeting.

Illegal practice

21. Since the last Report to Council (which gave information to 24 August 2026), five new reports of suspected illegal practice have been received. Of these, two have been closed after assessment, and three have been sent advisory letters. There is a total of nine ongoing enquiries.

Summary	
Meeting	Council
Date	5 November 2026
Title	RVN Preliminary Investigation Committee 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 Secretary to the RVN Preliminary Investigation Committee 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

[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

Registered Veterinary Nurses Preliminary Investigation Committee

Report to Council

Introduction

1. Since the last Report to Council, there have been two meetings of the Stage 2 VN PIC which took place on 25 August and 6 October. The next meeting is scheduled to take place on 10 November 2026.

RVN Concerns received / registered

2. In the period 24 August and 23 October 2026, there were 13 new Concerns registered relating to RVNs. Of these 13 new Concerns:

    - One case closed at Stage 1 VNPIC as the Complainant withdrew their concerns.

    - 12 cases are currently under investigation by a Case Manager, Veterinary Nurse, Veterinary surgeon, and a lay member (Stage 1 VNPIC).

RVN Preliminary Investigation Committee

3. Five new cases have been considered by the Stage 2 VNPIC between 24 August and 23 October 2026.

Ongoing Investigations

4. Five concerns are currently under investigation by the Stage 2 VN PIC, and these will be returned to the Committee for a decision in due course.

Health Concerns

5. There are currently no RVNs being managed in the context of the RCVS Health Protocol.

Performance Concerns

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

Referral to Disciplinary Committee

7. Since the last report, two cases have been referred to the RVN Disciplinary Committee.

Referral to Charter Case Committee

8. Since the last report, no cases have been referred to the Charter Case Committee.

Disciplinary Hearings

9. Since the last report, one disciplinary hearing took place from 21st to 23rd September 2026. There were three charges against the Respondent which related to dishonesty during an internal grievance process, and dishonesty in what she communicated to the College.

10. In determining the facts of the case, the Committee found all three charges proved. The Committee was of the view that the dishonest and misleading accounts given by the Respondent to her employer and the College had breached the fundamental principles of honesty and integrity

expected of the profession. This conduct also risked bringing the profession into disrepute with the public and eroding public confidence in the veterinary profession. Having found serious professional misconduct, the Committee decided that the most appropriate decision was to remove the Respondent’s name from the Register.