RCVS SETTING VETERINARY STANDARDS

Standards Committee

Agenda for the meeting to be held on 9 May 2022 at 10.00am

1.	Apologies for absence, declarations of interest and minutes of the meetings held on 7 Feb 2022 and 31 March 2022	Minutes attached
2.	Matters for decision	
	a. Remote certification – confidential	Paper attached
	b. RVP – confidential (declassified post-meeting)	Paper attached
	c. Clinical case reviews – confidential	Paper attached
	d. Canine AI – confidential (declassified post-meeting)	Paper attached
	e. PSS updates – confidential (declassified post-meeting)	Paper attached
	f. UCOOH – confidential	Papers on secure docs
3.	Matters for report	
	a. Disciplinary Committee Report	Paper attached
	b. Practice Standards Scheme Report	Paper attached
	c. Riding Establishments Subcommittee Report	Paper attached
4.	Confidential matters for report	
	a. Recognised Veterinary Practice Subcommittee Report	Paper attached
	b. Ethics Review Panel Report	Paper attached
	c. Certification Subcommittee Report	Paper attached
5.	Risk and equality	Oral update
6.	Any other business and date of next meeting on 12 September 2022	Oral update

Standards Committee 2021/2022

Chair:

Dr Melissa Donald BVMS MRCVS

Members:

Dr Louise Allum VetMB MRCVS
Ms Belinda Andrews-Jones DipAVN (surgical) RVN
Miss Linda Belton BVSc MRCVS
Mr Mark Castle OBE
Dr Danny Chambers BVSc MRCVS
Dr Matshidiso Gardiner MRCVS
Ms Claire-Louise McLaughlan MA LLB(Hons)
Prof Tim Parkin BVSc FRCVS
Mrs Claire Roberts DipAVN (surgical) RVN

Summary	
Meeting	Standards Committee
Date	7 February 2022
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held remotely on Monday, 7 February 2022, at 10am
Decisions required	None
Attachments	Classified appendix
Author	Beth Jinks Standards and Advice Lead b.jinks@rcvs.org.uk

Classifications

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

1 Classifications explained

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2 Classification rationales

Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Standards Committee held remotely on Monday, 7 February 2022, at 10 am

Members:	Dr M A Donald	Chair
	Dr L Allum	
	Ms B Andrews-Jones	
	Miss L Belton	Vice Chair
	Mr M Castle	
	Dr D Chambers	
	Dr M Gardiner	
	Ms C-L McLaughlan	
	Prof T Parkin	
	Mrs C Roberts	

In attendance:	Ms E C Ferguson	Registrar
	Dr M Greene	Senior Vice President
	Ms L Lockett	CEO
	Ms G Kingswell	Head of Legal Services (Standards)
	Ms B Jinks	Standards and Advisory Lead
	Ms S Bruce-Smith	Senior Standards and Advice Officer
	Mx K Richardson	Senior Standards and Advice Officer
	Ms K Bowles	Standards and Advice Officer
	Dr B Phillipson	Bee Health Policy Lead, APHA (AI 3(a) only)
	Dr A Ridge	Veterinary Advisor, APHA (AI 3(a) only)

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the Senior Vice President and CEO to the meeting as observers.

AI 1 Minutes of the meetings held on 15 December 2021

2. It was agreed that the minutes of the previous meetings are accurate.

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

AI 2 Standards and Advice Update

4. The paper was noted, and the following points were highlighted:
   a) A total of 4,603 queries were responded to by the team in 2021 (including emails and phone calls).

b) An additional team member has been recruited and will start with the RCVS in a few months.

Matters for decision

AI 3(a) Export Health Certificates for the export of live bees – Confidential

5. Please see confidential appendix paragraphs 1-6

AI 3(b) Review of endorsements – Confidential

6. Please see confidential appendix paragraphs 7-13

AI 3(c) UCOOH – Confidential

7. Please see confidential appendix paragraphs 14-24

AI 3(d) Remote prescribing

8. The Committee were reminded that the dispensation allowing remote prescribing of POM-Vs during the pandemic was reinstated in December 2021 following government guidance to work from home where possible, with a view to reconsidering the dispensation at this meeting.

9. The Committee discussed the ongoing challenges posed by Covid-19 and recognised that staff absences due to isolation requirements were still causing issues. However, given the relaxation of the requirement to work from home in England, Scotland and Northern Ireland and relaxation of restrictions generally across the UK, the Committee felt it was time to end the dispensation.

10. It was agreed that the profession should be given a months' notice of the change, and therefore the dispensation will end on the 14 March 2022.

Action: Head of Legal Services (Standards)

AI 4(a) DC report

11. The report was noted.

AI 4(b) PSS report

12. The report was noted.

AI 4(c) Riding Establishments Subcommittee report

13. The report was noted.

AI 5(a) RVP Subcommittee report – Confidential

14. The report was noted.

AI 5(b) ERP report – Confidential

15. The report was noted.

AI 5(c) Certification subcommittee report – Confidential

16. The report was noted.

Risk and equality

17. It was agreed that there are no new risks to be added.

Any other business

FSA

18. The Registrar explained that the Food Standards Agency (FSA) has written to industry representative to state that they intend to bring the control of OVs in house from 2023. This letter forms part of the update requested by this Committee on the work being undertaken to tackle to issue relating to the extension of the Groupage Export Facilitation Scheme (GEFS). There will be a full update from the FSA in March 2022.

Date of next meeting

19. The date of the next meeting is 9 May 2022.

Table of actions

Paragraph(s)	Action	Assigned to
10	Work with RCVS Comms to inform the profession of the temporary remote prescribing dispensation coming to an end.	**Head of Legal Services (Standards)**

Summary

Meeting	Standards Committee
Date	31 March 2022
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held remotely on Thursday 31st March 2022, 5pm
Decisions required	None
Attachments	Classified appendix
Author	Beth Jinks Standards and Advice Lead b.jinks@rcvs.org.uk

Classifications

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

1Classifications explained	
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Minutes of the Standards Committee Meeting held remotely on Thursday 31 March 2022 at 5pm

Members:	Dr M A Donald	Chair
	Dr L Allum	
	Ms B Andrews-Jones	
	Miss L Belton	Vice Chair
	Mr M Castle	
	Dr D Chambers	
	Dr M Gardiner	
	Ms C-L McLaughlan	
	Prof T Parkin	
	Mrs C Roberts	

In attendance:	Ms E C Ferguson	Registrar
	Ms L Lockett	CEO
	Ms G Kingswell	Head of Legal Services (Standards)
	Ms B Jinks	Standards and Advisory Lead
	Dr N Sampson	Head of Veterinary and Meat Hygiene Policy, FSA
	Dr J Clark	Director of Veterinary Services, FSA
	Mr S Tunnicliffe	Operations Director, FSA
	Mr R Locker	Head of Operations, FSA

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the CEO to the meeting as an observer.

2. Apologies were received from Mrs Roberts and Prof Parkin.

AI 2(a) Under Care and out of hours – confidential

3. Confidential information is available in the classified appendix at paragraphs 1-8

AI 3(a) FSA update on temporary registered novice OVs (TRNOVs) in the meat hygiene sector – confidential

4. Confidential information is available in the classified appendix paragraphs 9-13.

Summary	
Meeting	Standards Committee
Date	9 May 2022
Title	RVP guidance
Summary	This paper provides a summary of the work undertaken so far by the RVP Working Group.
Decisions required	The Committee is asked to: a. Review and approve the draft Chapter 25 and FAQs b. Suggest ways of disseminating the new guidance to the profession
Attachments	Annex A – Minutes of meetings of the Working Group and Small Group Annex B – Draft Chapter 25 Annex C – Draft FAQs
Author	Beth Jinks b.jinks@rcvs.org.uk

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	**Confidential (declassified post-meeting)**	1
Annex A	**Confidential**	1
Annex B	**Confidential (declassified post-meeting)**	1
Annex C	**Confidential (declassified post-meeting)**	1

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Background

1. The RVP Working Group (WG) was formed in 2019 on instruction of the Standards Committee in order to address the confusion that exists around veterinary research and recognised veterinary practice.

2. The WG agreed that there would be two streams of work undertaken:
    a. Develop new guidance around RVP; and
    b. Standardise RVP/Ethics review processes throughout the veterinary industry in the UK.

3. Subsequently a sub/Small Group of the WG was formed and delegated the following tasks in order to active (a) above:
    a. Amend guidance within Chapter 25 of the Supporting Guidance to the Code of Professional Conduct to provide further information on RVP; and
    b. Create a framework of how to make decisions about RVP in practice/at an organisational level.

4. The minutes of the meetings of the Working Group and Small Group can be found at **Annex A.**

Chapter 25 and FAQs

5. Following discussions with several stakeholders including the Home Office, VMD, and veterinary schools, the new guidance has now been drafted. The draft of Chapter 25 can be found at **Annex B**, the draft of the framework (presented as FAQs) can be found at **Annex C**.

6. It was initially considered that a “preamble” and subsequent “framework” would be the most appropriate way to communicate the topic of RVP, however after several iterations it was decided that Chapter 25 should be completely re-written, and a separate FAQ be created to help those in the profession make decisions about RVP. Feedback of the new format of the guidance and FAQ has been that they are “easier to read, are understandable and intelligible”.

7. The new draft of Chapter 25 and the FAQ have been reviewed by external veterinary surgeons on request of the Small Group, and any suggested amendments have been discussed and either incorporated or disregarded by the Small Group. The drafts have not yet been reviewed by an RVN, as those previously approached did not feel that they had suitable knowledge of the topic to contribute. However, once agreed by Standards Committee, the

drafts will be shared with the RVN members of the Ethics Review Panel (A Langridge, C Phillips, L Nuttall, H Cartlidge).

8. It should be noted that the new Chapter 25 states that all clinical veterinary research **should** be subject to ethics review, including for *'all studies where one would be expected to obtain permission from the owner/keeper of an animal prior to being enrolled, or when consent is needed for use of previously collected samples or the use of data from an animal'* (para 29 Annex B). However, there will be an amnesty included for those who have carried out veterinary research without ethics approval before and at the time the guidance is published. Therefore, it was suggested that this section of the Chapter would include an "effective from" date three months after the publication of the new guidance.

9. Crucially it was agreed that the term 'Recognised Veterinary Practice' be replaced with 'Routine Veterinary Practice' as this is more indicative of the everyday veterinary practice that is being described. It was agreed that, although the phraseology has changed, the process of recognising what is routine veterinary practice should remain as it is, that is, the ultimate decision being made by the RCVS Standards Committee with recommendations from the Recognised Veterinary Practice subcommittee (name of subcommittee subject to change).

Ethics Committee Processes

10. As part of the RVP work, the Working Group was also instructed to produce guidance for veterinary ethics committees to ensure that there is a consistent approach to these matters throughout the UK. At its meeting of 28 March 2019, the Working Group suggested that the members of these committees should be independent as a minimum requirement. It was also discussed how the Animals (Scientific Procedures) Act 1986 (ASPA) guidance for organisations setting up an ethics committee could also be adopted, that is, including appointments based on skills, representations, and inclusion of outside members (including lay people).

11. Subsequent discussions by the Small Group on this point have included the following:
    a. An agreement that there should be evidence-based guidance for undertaking ethical review throughout the profession for quality assurance.
    b. In the first instance, it should be ensured that a consistent approach is taken by the veterinary schools.
    c. With regards to make-up of ethics panels, the Group would expect that university panels include independent vets, with relevant (i.e. study specific) skills/disciplines represented, patient representatives, external members, and lay members. It was agreed that niche areas of research should also involve an independent opinion.

d. It was noted that most independent practices do not currently have RVP frameworks and would need to review their training and supervision structures to maintain quality. There is a lower level of expertise at practice level as opposed to universities. Based on their level of expertise, practices may not be in a position to audit their own research. It was acknowledged that some large practices and corporates are keen to set up their own RVP frameworks and committees which will be a challenge for the RCVS.

12. It was noted at the Working Group meeting in January 2022 that Prof Morton is currently undertaking a survey for veterinary schools regarding the composition of their ethics committees. It was agreed that we would wait for the results of this survey before any more steps were taken on this aspect of the project.

Decisions

13. The Committee is asked to:
    a. Review and approve the draft Chapter 25 and FAQs
    b. Suggest ways of disseminating the new guidance to the profession

Chapter 25: Routine veterinary practice and clinical veterinary research

Introduction

1. The purpose of this guidance is to provide practical assistance to help members of the profession better understand what constitutes routine veterinary practice (RVP), empowering those in practice to make their own judgements about routine veterinary practice and clinical veterinary research (CVR) in the course of their day-to-day practice.

What this guidance covers

2. This guidance, plus the additional FAQ (see related documents) includes a set of questions that veterinary surgeons and organisations can ask themselves to help establish whether a proposed procedure, series of procedures or study is routine veterinary practice, clinical veterinary research or whether, alternatively, it should be regulated under the Animals (Scientific Procedures) Act 1986 (ASPA).

3. The guidance also covers when an Animal Test Certificate (ATC) is required from the Veterinary Medicines Directorate (VMD) in relation to the veterinary clinical trial of a medicine.

Who this guidance is for

4. This guidance is intended to help all registered veterinary surgeons, registered veterinary nurses, veterinary students and organisations to recognise when undertaking RVP, as well as veterinary surgeons proposing to use new procedures or treatments in individual clinical cases, as these cases will often be at the boundary between what is RVP and what is CVR.

5. The guidance is relevant to any individual veterinary surgeon or organisation involved in veterinary research, whether practice or laboratory based, including the legislative regulators, who will need to determine whether ASPA authority is required for their work or not. It may be particularly useful for those carrying out practice-based research outside a university or other research centre, to help define clinical veterinary research under certain circumstances and provide guidance where to access relevant advice on e.g. Home Office regulation, VMD Animal Test Certificates.

6. The guidance is relevant to teachers in veterinary schools and intra and extra mural practices, who will need to consider whether procedures carried out on animals for the purposes of clinical teaching amount to RVP, CVR or would require ASPA authority.

Definitions

7. **Routine veterinary practice** (formerly 'recognised veterinary practice') is defined as procedures and techniques performed on animals by veterinary surgeons (or veterinary nurses under their direction) in the course of their professional duties, which ensure the health and welfare of animals committed to their care. These can be thought of as the routine, established, procedures undertaken on animals every day.

8. **Clinical veterinary research** (CVR) is when routine procedures are undertaken for the benefit of the animal/s, with the concurrent intention to generate new knowledge that benefits animals, such as developing new procedures, improving a diagnosis, changing a routine procedure, or comparing existing procedures.

9. To establish whether something is CVR, the **intention** for undertaking the procedure, as well as the overall **context**, needs to be considered. What is regarded as routine in relation to a specific veterinary clinician, clinical setting, patient, species or condition at one point in time, may not be regarded as ethically acceptable, nor constitute, routine veterinary practice if carried out by a different veterinary clinician in a different clinical setting, in relation to a different patient, species or condition, and/or at a different point in time.

10. An intervention that is unnecessary for an animal's veterinary treatment and is being done for an experimental or other purpose, would not be routine veterinary practice or clinical veterinary research. The following are not normally considered to be RVP or CVR:
    a. Clinical investigations that would not be for the benefit of that animal.
    b. Experiments using animals primarily for research, where the procedure is not necessary for the animal's veterinary treatment.
    c. Withholding routine treatment.
    d. Deliberately exposing animals, including those used in unprotected control groups, to trauma or infectious agents where there is a risk to health and wellbeing.
    e. Use of an animal in teaching, if the procedure would not normally be used to teach acts of veterinary surgery as defined in section 27 of the Veterinary Surgeons Act 1966.

When to consider RVP and CVR

11. In many cases in day-to-day practice, it will be clear that a proposed procedure is routine veterinary practice, as it will involve carrying out an established treatment, or method of diagnosis, to an animal under the veterinary surgeon's care for an entirely therapeutic reason. There will be

a strong expectation of benefit to the animal, and a level of harm that will normally be less than, or no more than, the current accepted method of treatment or diagnosis.

12. Even where a procedure is usually deemed to be routine veterinary practice, this does not automatically mean that it is ethically acceptable in all circumstances. Consideration needs to be given to all the factors, including whether the procedure or treatment is supported by relevant background evidence, whether consultation and agreement/consent of the owner has taken place, and whether the clinician has appropriate background knowledge and experience. Before proceeding, an overall assessment should be made as to whether it is justified in all the circumstances of the case.

13. Some cases will fall into a grey area at the borderline between routine veterinary practice, clinical veterinary research, and experimental procedures regulated under ASPA. For example, there may be both a research and a therapeutic purpose, or the use of a new or improved treatment or procedure may be proposed. In other cases, while the animal itself may not directly benefit there may an overall benefit for the larger group (herd, flock, breed). In these cases, veterinary professionals and organisations should refer to the FAQs that accompanies this guidance or to the RCVS Routine Veterinary Practice Sub-Committee (details below).

Blood transfusions

14. Taking blood from healthy donors with the permission of the owner and with the intention of administering the blood or its products to a recipient is routine veterinary practice where there is an immediate or anticipated clinical indication for the transfusion. Such a clinical procedure would be acceptable on the scale of an individual veterinary practice or between other practices in the locality. However, the collection of blood for the preparation of blood products on a larger commercial scale for general therapeutic use in animals may require licences under the ASPA; this larger commercial scale activity would also need to be licensed under the Veterinary Medicines Regulations.

15. It would generally not be considered routine veterinary practice for sedation to be used to enable the donation of blood from any animal, this is because sedation breaches the Home Office guidelines about the threshold of pain (‘level of pain, suffering, distress or lasting harm equivalent to, or higher than, that caused by inserting a hypodermic needle according to good veterinary practice’), under the Animal (Scientific Procedures) Act 1986. The exception to this general rule would apply in an emergency, where the donor and recipient animals are both known to the veterinary surgeon and therefore, they are able to make an assessment as to whether the harm caused to the donor cat is outweighed by the benefit to the recipient.

Taking samples for official purposes

16. When a sample is required for a veterinary public health reason, to be considered RVP, there needs to be explicit government involvement or direction. For example, the sample must be requested by an authority for an official purpose, such as disease detection or import/export. The same applies for blood samples and vaccinations which are required for export health certificates. In any case, the direction from the government must be species-specific.

17. Where a forensic sample is required from a live animal, this is generally considered for the benefit of that animal as the sample will help the investigation of disease or neglect. Alternatively, a court order could be obtained.

Dealing with emergency cases

18. Emergency cases should be taken to refer to those cases where a patient has come in requiring emergency treatment, and to emergencies that are less predictable emergency complications in the course of existing veterinary treatment.

19. Emergency cases presented to a veterinary surgeon in the course of their professional duties may be approached differently to non-emergency cases for the purposes of routine veterinary practice. For example, a review of literature, the opinions of an ethics committee, or extensive colleague consultation may not be possible. Veterinary surgeons should keep in mind that the boundary between routine veterinary practice and clinical veterinary research is often based on the intention, and they should be able to justify the decisions they make.

When to consider regulation under ASPA

20. When a procedure is carried out on a protected animal for a scientific or educational purpose and may cause that animal a level of pain, suffering, distress or lasting harm equivalent to, or higher than, that caused by inserting a hypodermic needle according to good veterinary practice then authorisation under ASPA must be sought. Additionally, when a procedure is used on a sick animal and there is no intended benefit to the animal, or for other animals with a similar condition, authorisation under ASPA must be sought.

    Examples of procedures that may require an ASPA licence include:

    a. acts of commission, for example an action such as dosing or sampling; or
    b. act of deliberate omission, for example withholding food or water; or
    c. acts of permission, for example the natural breeding of animals with harmful genetic defects.

21. The above is subject to the following exemptions:

a. Clinical veterinary research and routine veterinary practice (also known as non-experimental clinical veterinary practices);
b. Non experimental agricultural practices and practices undertaken for the purpose of recognised animal husbandry;
c. The administration of a medicine for research purposes in accordance with an Animal Test Certificate (veterinary clinical trials); and
d. Certain procedures done for the purpose of identifying animals.

22. Procedures that do not fall within one of the exemptions listed above may require a licence under ASPA. Failure to comply with Home Office regulations by deliberately misinterpreting the exemptions will be treated as an infringement of ASPA and may also be regarded as serious professional misconduct and subject to investigation by the RCVS including the possibility of disciplinary action.

23. Procedures that cause less pain, suffering, distress or lasting harm than the lower threshold and that are connected with clinical veterinary research should still be subject to ethics review.

24. For more information about ASPA and obtaining a Home Office licence, see the Home Office's Guidance on the Operation of ASPA.

When an Animal Test Certificate is required

25. An 'Animal Test Certificate' (ATC) is required in order to carry out a veterinary clinical trial (clinical veterinary research) of a veterinary medicinal product. A veterinary clinical trial must be completed to obtain marketing authorisation for a veterinary medicinal product, and is required by the Veterinary Medicines Regulations 2011. The medicine(s) used during a veterinary clinical trial might include a veterinary medicine under development, an authorised human medicine, or a veterinary medicine currently authorised for use in another species or condition. All procedures applied to animals during the course of a trial must be consistent with routine veterinary practice.

26. ATCs are issued by the Veterinary Medicines Directorate, and permit:
    a. the use of a veterinary medicine during a veterinary clinical trial, including outside of the terms of its marketing authorisation;
    b. the procurement and supply of that medicine;
    c. the import of any medicine specified in the certificate in accordance with the conditions of that certificate;
    d. the produce from treated animals to enter the food chain, if appropriate;
    e. the use of randomisation and/or blinding within the study protocol; and
    f. the administration of a placebo product, or comparison with a control group.

27. There are two types of Animal Test Certificate: an ATC and ATC-S.

a. An ATC is required for pharmaceutical companies and veterinary researchers wanting to conduct veterinary field trials to generate data to support a marketing authorisation application - an ATC may also be required by veterinary researchers wishing to conduct a non-commercial clinical trial of a product that does not meet the criteria for an ATC-S.
b. An ATC-S is required for small-scale non-commercial trials, which investigate the safety and/or efficacy of a human or veterinary medicine.

28. For the purposes of medicine licensing and testing, nutraceuticals and homeopathic remedies are excluded. This includes probiotics and other modifiers of gut biota and introductions of unusual gut bacteria into animals, for example, faecal transplants. For more information about ATCs, see www.gov.uk/guidance/animal-test-certificates.

Commented [BJ1]: This point will be checked with the VMD

Ethics review *(effective from XYZ date after publication)*

29. Clinical veterinary research should be subject to ethics review. The RCVS/BVA joint Working Group on Ethical Review for Practice-Based Research found that "a pragmatic threshold for the need for formal ethical review is any study where consent from the owners or keepers of an animal would be expected to be obtained before including that animal in that study" (Section 7.1, page 11 of 24). It is also essential that the interests of the animals, owners, and other stakeholders are considered, as well as an evaluation of the costs and benefits of the proposed work.

30. For practice based CVR, the extent and nature of any ethics review should be proportionate to the scale of any harms, other risks and benefits that may be involved to animals or their owners/keepers.

31. Ethics review **should** be sought for all studies where one would be expected to obtain permission from the owner/keeper of an animal prior to being enrolled, or when consent is needed for use of previously collected samples or the use of data from animal.

32. Veterinary surgeons, registered veterinary nurses and veterinary students conducting clinical veterinary research outside the scope of a university, other institute of further education and/or in an industry context and not covered by Home Office licensing under ASPA or other appropriate ethics review bodies may seek ethics review from the RCVS Ethics Review Panel (ERP) or another appropriate panel (e.g. a recognised institutional veterinary ethics review committee).

33. The RCVS ERP will not consider applications involving research requiring an ASPA licence and will only consider applications where the study is considered to be clinical veterinary research.

34. For further information about seeking ethics review from the ERP, please see https://www.rcvs.org.uk/who-we-are/committees/ethics-review-panel/.

The use of animals in clinical teaching

35. Under the terms of the Veterinary Surgeons Act, the RCVS is responsible for monitoring veterinary education and professional training and is well placed to give guidance to the profession on ways in which animals are used in clinical teaching. The responsibility for the animals' welfare lies with the supervising veterinary surgeon, and any 'unnecessary suffering' would be in breach of UK animal welfare legislation and subject to possible prosecution.

36. Veterinary graduates will have been properly trained at the time of registration and continuing professional development is a professional obligation for veterinary surgeons throughout their careers. The training will, in most instances, be achieved using clinical cases where there will be an individual veterinary surgeon responsible to the animal and the owner.

37. The teaching of skills to veterinary students is controlled by the Veterinary Surgeons (Practice by Students) (Amendment) Regulation 1993 made under the Veterinary Surgeons Act 1966. Such use of animals applies to all veterinary students and is the responsibility of the clinicians in charge. The procedures and techniques are limited to those that would be undertaken by the supervising veterinary surgeon in the course of his/her professional duties. The purpose is not experimental or scientific, but the student may acquire competence in those techniques that he/she will use as a qualified veterinary surgeon.

38. Animals used for training and teaching purposes would normally be those presented to veterinary surgeons in the course of their professional activities.

39. Open discussions with colleagues at the local level should be encouraged. The ethics review process in the veterinary schools required under ASPA would be a suitable forum for considering the ethical issues on the appropriate use of animals in clinical teaching.

40. The use of cadavers for teaching is encouraged. If, having obtained the owner's informed consent, the animal is euthanised by overdose of an anaesthetic agent and confirmed as dead by the cessation of the circulation, the cadaver can be used for teaching purposes. This preparation would be routine veterinary practice.

41. Perfusion of living animals before death to obtain fixed anatomical specimens is not considered routine veterinary practice and must be regulated under ASPA.

42. Acts of veterinary surgery may be carried out on animals by veterinary surgeons to train non-veterinary surgeons in certain procedures covered by Schedule 3 or Exemption Orders made under the Veterinary Surgeons Act. For example, veterinary nurses, and technicians employed in cattle embryo transfer teams.

Further advice

RCVS

43. The RCVS Routine Veterinary Practice Sub-Committee is available to advise practising veterinary surgeons or veterinary nurses whether a proposed procedure, treatment or test is routine veterinary practice and/or clinical veterinary research. The Sub-Committee has regard to current veterinary practice in the UK and elsewhere in the world, relevant RCVS advice and advice issued by other organisations, including the Home Office and the VMD. It is for the RCVS to provide advice and guidance to its members on what is RVP and CVR. However, it is recognised that the Courts will ultimately interpret the law, and that RCVS guidance cannot cover all current situations and must continue to evolve.

44. For further information in relation to RVP and/or CVR or advice on whether a particular proposed procedure would be covered by this guidance, please contact the Secretary to the Sub-Committee via advice@rcvs.org.uk.

45. For further information in relation to ethics and scientific review of proposed clinical veterinary research studies, please contact the Secretary to the Panel via ethics@rcvs.org.uk.

Home Office

46. For general enquiries about obtaining a licence under ASPA from the Home Office in relation to procedures with an experimental, other scientific or educational purpose, contact the Home Office on phone 020 7035 0477 or email ASPA.London@homeoffice.gov.uk.

47. For more information about ASPA and obtaining a Home Office licence, see the Home Office's Guidance on the Operation of ASPA.

Veterinary Medicines Directorate

48. For further information in relation to obtaining an ATC in order to conduct a veterinary clinical trial of a veterinary medicinal product, contact the VMD on [phone] or email postmaster@vmd.gov.uk.

49. The VMD's guidance on ATC/ATC-S is available at https://www.gov.uk/guidance/animal-test-certificates

Frequently asked questions: Routine veterinary practice and clinical veterinary research

Routine veterinary practice (RVP) refers to procedures and techniques performed on animals by registered veterinary surgeons (or registered veterinary nurses under their direction) in the course of their professional duties, which ensure the health and welfare of animals committed to their care. These can be thought of as the routine, established, procedures undertaken on animals every day.

The clinical investigation and management of the health and welfare of animals is generally considered to be routine veterinary practice when it involves a procedure or technique that is likely to be of direct benefit to the individual animal/s.

Clinical veterinary research (CVR) is when routine procedures are undertaken for the benefit of the animal/s, with the concurrent intention to generate new knowledge that benefits animals, such as developing new procedures, changing a routine procedure, or comparing existing procedures.

Where a procedure or technique is not considered to be routine veterinary practice (i.e., undertaken for the benefit of the animal), it may be considered a regulated procedure under the Animals (Scientific Procedures) Act 1986 (ASPA) and may therefore require a licence from the Home Office.

1. What do you want to do?

If you are undertaking a procedure or technique that is likely to be of direct benefit to the individual animal that you are treating, then this is RVP or CVR.

For non-food producing animals the following would be considered RVP or CVR (NB this is not an exhaustive list):

a. Taking a series of biopsies for the purpose of diagnosis, or to monitor the efficacy of veterinary treatment (RVP).
b. Taking blood samples to assist in clinical management, e.g. diagnosis, metabolic profile, public health, legislative reasons, notifiable and other diseases (RVP).
c. Giving veterinary treatment to an experimental animal when treatment is for the animal's benefit (RVP).
d. In the course of testing the safety and efficacy of an unauthorised vaccine in dogs, taking blood samples at the time of first vaccination, prior to second vaccination, post-vaccination course and at the time of the annual booster in order to test the vaccine's success (CVR, NB - an ATC from the VMD is likely to be required).
e. Using clinical waste for research purposes, e.g. collecting a sample of synovial joint fluid at the time of surgery for routine investigation of a cranial cruciate ligament rupture in a dog, and using any of the excess fluid for a research study (CVR).

For food producing animals the following would be considered RVP or CVR (NB this is a not an exhaustive list):

a. Taking blood samples from an animal or animals within a defined group e.g. herd or flock, **to assist in clinical management, e.g. diagnosis, metabolic profile** (RVP).
b. Taking blood samples from an animal or animals within a defined group, e.g. herd or flock, **to test the efficacy of veterinary treatment** (CVR).

Note that taking blood from healthy donors with the permission of the owner and with the intention of administering the blood or its products to a recipient is routine veterinary practice where there is an immediate or anticipated clinical indication for the transfusion. Such a clinical procedure would be acceptable on the scale of an individual veterinary practice or between other practices in the locality. However, the collection of blood for the preparation of blood products on a larger commercial scale for general therapeutic use in animals may require licences under the ASPA; this larger commercial scale activity would also need to be licensed under the Veterinary Medicines Regulations.

Further, it would generally not be considered routine veterinary practice for sedation to be used to enable the donation of blood from any animal, this is because sedation breaches the Home Office guidelines about the threshold of pain ('level of pain, suffering, distress or lasting harm equivalent to, or higher than, that caused by inserting a hypodermic needle according to good veterinary practice'), under the Animal (Scientific Procedures) Act 1986. The exception to this general rule would apply in an emergency, where the donor and recipient animals are both known to the veterinary surgeon and therefore, they are able to make an assessment as to whether the harm caused to the donor cat is outweighed by the benefit to the recipient.

2. Why do you want to do it?

Procedures done in the ordinary course of clinical diagnosis or treatment of an animal/s are generally RVP.

If you are undertaking research, using routine veterinary practices, such as comparing two existing procedures or developing a new procedure, but always with the intention of benefitting the individual animal(s) that are used, then this is considered clinical veterinary research. For more information see FAQ 3 below.

If you are undertaking the procedure or technique for scientific or experimental purposes, without benefit for the individual animal(s) used, then you are likely to require a licence from the Home Office under ASPA. See Chapter 25, paragraph 18 for information on exemptions to ASPA.

3. Does the procedure or technique include the use of a medicine under the prescribing cascade?

Veterinary medicines are licensed by the Veterinary Medicines Directorate (VMD) to make sure they are safe and effective for specific animals/species. If a veterinary medicine is currently licensed for use, it is known as an 'authorised' medicine. Whether a medicine is currently authorised, and in which jurisdiction it is authorised, can be checked on the VMD's Products Information Database.

The use of an unauthorised medicine in accordance with the prescribing cascade for the benefit of the animal will be considered as routine veterinary practice.

In the first instance a veterinary surgeon should prescribe a medicine authorised in the jurisdiction where they are practising, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage. Where there is no such medicine available, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the Cascade. Details of the Cascade can be found in Chapter 4.

If a veterinary surgeon intends to randomise animals to receive one of a selection of authorised medicines, this is CVR but would also require an ATC.

If a veterinary surgeon intends to use a completely novel or experimental product, even if the intention is to improve the welfare of the animal, further licence may be needed – see FAQ 6 below.

4. Do you have informed consent?

A detailed recorded conversation should take place with the client about the expected benefits and harms to the animal's welfare, as well as alternative treatments to the procedure including any unknowns/gaps in knowledge. The option of euthanasia should be discussed where appropriate to the case.

For clinical veterinary research, clients should be informed that they can opt-out at a later stage without any penalty in the care of their animal(s) or themselves.

Note that informed client consent is necessary by not sufficient to automatically make a procedure routine veterinary practice.

As clinical data is not covered under the GDPR, clinical audit data can be used in epidemiological research without further consent from the client.

(For further information on informed consent, please see Chapter 11 of the supporting guidance to the Code of Professional Conduct, 'communication and consent')

5. Is this clinical veterinary research?

Routine veterinary practice is the baseline of what is acceptable in practice, and is undertaken for the direct benefit of the animal/s. Where the procedure is being carried out for the primary purpose of developing new knowledge, or to compare results or research design, but is still necessary for an animal's diagnosis or treatment and is being done to improve that diagnosis or treatment, it is considered clinical veterinary research.

It should be noted that even where non-invasive measurements are being taken from animals as part of a study (e.g. mouth swabs), that this is still clinical veterinary research and therefore precautions such as informed consent, ethics approval, and a rescue plan should be considered.

In the context of RVP, the terms 'clinical veterinary research' and 'clinical veterinary studies' are used interchangeably, although it is encouraged that the former terminology is used. Veterinary professionals should note that the guidance on RVP also applies to a 'study'.

A veterinary surgeon undertaking clinical veterinary research should consider the following:

a. Has the procedure or technique been performed before? See FAQ 6.
b. Have they performed the procedure or technique before? See FAQ 7.
c. Has the research been peer-reviewed? See FAQ 8.
d. Has the research has been subject to ethics review? See FAQ 9.

6. Has the procedure or technique been performed before?

The development of any new procedure or technique must reasonably be expected to result in a similar or better outcome than that following conventional treatment i.e. there is true equipoise. The veterinary surgeon must have sufficient background knowledge of the treatment and there must be a professional judgement with an evidential basis.

It would not be acceptable for a veterinary surgeon to use an animal in the development of a new or improved veterinary procedure or treatment where it has not previously been made available to the veterinary profession and there is no background evidence to predict a clinical application in the species or other veterinary benefit (parallel evidence in humans may be acceptable). This type of new or improved procedure may require a licence under ASPA.

It is advised that a thorough review of the available peer-reviewed literature be carried out, and the veterinary surgeon be able to demonstrate that this has been done. It would not be sufficient to base a judgement on an anecdotal report of one case. Examples of existing suitable literature which would support the development of a procedure or technique include studies in other species, clinico-pathological rationale, or in vitro research. Care must be taken to ensure that the procedure has not been classified as unethical by the RCVS.

Where development of a new or improved procedure or treatment is proposed, a **harm/benefit analysis** should be undertaken, which should include consideration of whether:

i. the expected benefits to the animal/s outweigh the potential risks and harms;
ii. the effectiveness of the procedure or treatment is at least equivalent to available alternative treatments and less likely to cause harm in the longer term;
iii. the procedure is expected to improve the animal's overall welfare;
iv. a 'rescue' plan is in place in the event of the unexpected so as to minimise the risks involved with the procedure; and
v. the veterinary professional has the appropriate skills, competence, and facilities to carry out this work

7. Have you performed the procedure or technique before?

RVP is contextual. What is regarded as routine veterinary practice in relation to a specific veterinary professional, patient, species or condition at one point in time, may not be regarded as routine veterinary practice if carried out by a different veterinary professional in a different clinical setting, in relation to a different patient, species or condition, and/or at a different point in time.

It is also relevant to consider the clinical setting. For example, it may be RVP to carry out a complex new procedure in a large hospital with advanced diagnostic equipment and numerous experienced support staff available to assist if complications were to arise, but it may not be RVP for the same procedure to be carried out by a veterinary surgeon in a small practice with limited equipment and staff. Timing and planning are also important. For example not undertaking surgery when the practice is about to close (please see Chapter 2 of the supporting guidance to the Code of Professional Conduct, paragraph 15).

You should consider the following questions where you have not performed the procedure and technique before:

a. Do you possess the required skills, qualifications, and competence to perform the procedure or technique?
   This refers to your relevant experience, training, and knowledge of the proposed procedure or treatment. Have you performed the procedure or applied the treatment before? Have you performed a similar procedure or administered a similar procedure before? Do you hold specialist or advanced practitioner status in the field?

b. Do you have access to the necessary facilities to perform the procedure or technique?
   This refers to the practice setting, e.g. clinical facilities, diagnostic equipment, surgical equipment, etc.

c. Is appropriate support available if complications were to arise?

This refers to the available team support that may be required. Are appropriately qualified staff available and able to provide the assistance that may be required, if necessary, for example, to assist in responding to an emergency arising during the course of treatment, or to provide overnight nursing care if required?

8. Do you need to obtain ethics review?

All clinical veterinary research should be subject to ethics review. This includes, but is not limited to, all studies where one would be expected to obtain permission from the owner/keeper of an animal prior to being enrolled, or when consent is needed for use of previously collected samples or the use of data from an animal's clinical records.

In addition, veterinary surgeons might find it helpful to consult a peer or colleague who is not directly involved in the case, and who is preferably not an employee of the veterinary surgeon or the veterinary practice. A record of the consultation discussion should be made.

Veterinary surgeons in practice may find the BRAN framework useful when undertaking peer review:

- **B**enefits – what are the benefits of the procedure or treatment?
- **R**isk – what are the risks of this procedure or treatment?
- **A**lternatives – what are the alternative procedures or treatments?
- **N**othing – what would happen if nothing was done?

Regarding collection of data in practice, the primary purpose for doing so is clinical, the secondary purpose is internal clinical audit, and the tertiary purpose is collating data from a number of practices for research. Note that ethics review is not required when undertaking internal clinical audits, such as quality improvement work, unless the intention is to publish the results.

Veterinary surgeons, registered veterinary nurses, and veterinary students conducting veterinary clinical research outside the scope of a university, other institute of further education and/or in an industry context and not covered by Home Office licensing under ASPA or other appropriate ethics review bodies may seek ethics review from the RCVS Ethics Review Panel (ERP) or another appropriate panel. For further information about seeking ethics review from the RCVS ERP, please see https://www.rcvs.org.uk/who-we-are/committees/ethics-review-panel/.

9. Where to get further advice

For further information in relation to RVP and/or CVR or advice on whether a particular proposed procedure would be covered by this guidance, please contact the Secretary to the Sub-Committee via advice@rcvs.org.uk.

For further information in relation to ethics review of proposed veterinary clinical research studies, please contact the Secretary to the Panel via ethics@rcvs.org.uk.

Summary	
Meeting	Standards Committee
Date	9 May 2022
Title	Canine intravaginal artificial insemination
Summary	This paper gives an overview of the RCVS' current position regarding canine intravaginal AI. It asks the Committee to review this position and decide how to proceed going forwards.
Decisions required	The Committee is asked to decide whether: a. intravaginal AI in dogs is a minor act of veterinary surgery suitable for an exemption order; and if so b. to renew the recommendation to Defra that this procedure should be subject to an exemption order.
Attachments	Annex A – Nature Watch submission, 29 April 2022
Author	Gemma Kingswell Head of Legal Services (Standards) g.kingswell@rcvs.org.uk / 020 7965 1100

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Confidential (declassified post-meeting)	1, 4
Annex A	Confidential	

[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

Canine intravaginal artificial insemination

Introduction

1. Historically, the RCVS' position has been that intravaginal artificial insemination (AI) in bitches is not an act of veterinary surgery, meaning that lay people may carry out this procedure without the involvement of a veterinary surgeon.

2. In 2017, the Standards Committee decided that this procedure was an act of veterinary surgery albeit a minor one that would be suitable for an exemption order. In 2019, RCVS recommended to Defra that an exemption order for this procedure should be made but indicated that, in the meantime, the RCVS would maintain the status quo.

3. Three years has passed since that recommendation was made and, as yet, no exemption order has been approved. The Committee is therefore asked to review the position and decide the next steps.

Exemption orders

4. As the Committee will be aware, the Veterinary Surgeons Act 1966 (VSA) restricts acts of veterinary surgery to veterinary surgeons unless a relevant exemption applies. The most common exemptions are those contained within Schedule 3 of the VSA, for example relating to veterinary nurses, owners and farmers, and exemption orders.

5. Exemption orders are pieces of secondary legislation that allow lay people to carry out specific acts of veterinary surgery subject to certain conditions. In order to be eligible for an exemption order, the procedure must be a 'minor treatment, test or operation'. Examples of procedures that are subject to exemption orders include AI in mares and bovines, blood sampling in farm animals for the control of disease and vaccinations in poultry.

6. In 2016, Defra tasked the RCVS with reviewing the current framework of exemption orders as part of Defra's wider review of minor procedures (RMPR). The RCVS review was carried out by the Exemption Orders and Associates Working Party (EOAWP), and the outcome reported to Defra in January 2019. Among other things, based on the outcome of the review conducted by EOAWP, the RCVS recommended that some additional exemption orders be made.

Review of exemption orders and intravaginal AI

7. As explained above, the RCVS' position has traditionally been that intravaginal AI in dogs is not an act of veterinary surgery and as such, may be undertaken by lay people. Intravaginal AI is one of three methods of AI in dogs, and is the least invasive. It involves inserting a syringe or catheter into the vagina to deposit semen as close to the cervix as possible.

8. In 2017, during its review, the EOAWP sought advice from the Standards Committee as to whether intravaginal AI was an act of veterinary surgery, and if so whether it was suitable for an exemption order. The Committee decided that, due to its invasive nature and the potential to cause harm, it was an act of veterinary surgery but confirmed it would be appropriate for suitably trained lay persons to carry out the procedure under an exemption order.

9. In January 2019, in a report to Defra, the RCVS confirmed the Standards Committee's decision that intravaginal AI in dogs was an act of veterinary surgery and recommended that

an exemption order be made. The recommendation included the conditions that should be attached to the exemption order, namely:

a. To be carried out by suitably trained persons – level of training to be decided

b. Before procedure is carried out, animal must be certified as 'fit' by a veterinary surgeon

c. Persons carrying out the procedure should be over the age of 18, unless carrying out the procedure as part of training in which case they must be over the age of 16

d. If a person has been convicted of an animal welfare offence, they should not be permitted to carry out the procedure until the conviction is 'spent' (in line with the Rehabilitation of Offenders Act 1974 (as amended)) or any order prohibiting them from keeping/working with animals has expired (whichever is the longer)

e. Training should be 'revalidated' every two years

10. In the same report the RCVS indicated it would maintain the status quo in terms of the advice it gave (i.e. that the procedure may be carried out by lay people) until such time as an order was granted.

The current position

11. Three years have passed since the recommendation was made to Defra and, at present, no exemption order has been made and there is no indication of when this may happen. As a result, the RCVS is in the difficult position of having decided that intravaginal AI is an act of veterinary surgery but advising that it may be carried by lay people despite the fact there is no exemption order in place.

12. In addition, the RCVS has received correspondence from Nature Watch identifying this inconsistency and querying the RCVS' position. Nature Watch has submitted a paper for the Committee's consideration, which is attached at **Annex A**.

13. Whilst the current situation is not desirable, there is no easy solution. The RCVS has advised for a number of years that lay people may carry out this procedure without veterinary involvement and as such, businesses have been set up on this basis. If the RCVS changes its advice, there is likely to be a significant impact on those business which may be disproportionate given that an exemption order is likely to be granted in the future.

14. Further, the RCVS gave an indication in the report to Defra that it would maintain the status quo until such time as an order was granted, and this is likely to have been relied upon by the industry.

15. In addition, it is a minor procedure that is suitable for lay people to carry out (as confirmed by its eligibility for an exemption order) and relatively low risk, although there is some potential for harm as per the Standards Committee's previous decision.

Going forward

16. The Committee is asked to consider the previous decision of the Committee and confirm whether it agrees that intravaginal insemination in bitches is an act of veterinary surgery suitable for an exemption order. When discussing this issue, the Committee is asked to

consider whether there are any unintended consequences, specifically: are there any procedures routinely carried out by lay people using a similar method in other species that may give rise to issues and further inconsistencies?

17. If the Committee agrees that the procedure is an act of veterinary surgery suitable for an exemption order, it is asked how it wishes to proceed. Given the matters outlined in paragraphs 11-15 above, the Committee may feel, rather than changing the guidance with immediate effect, the best course of action is to renew the recommendation to Defra with the aim of rekindling the discussion and 'kick starting' the process.

Decisions required

18. The Committee is asked to decide whether:

    a. intravaginal AI in dogs is a minor act of veterinary surgery suitable for an exemption order; and if so

    b. to renew the recommendation to Defra that this procedure should be subject to an exemption order.

Summary

Meeting	Standards Committee
Date	9 May 2022
Title	PSS Environmental and social sustainability
Summary	This paper presents: A) a final draft framework of environmental sustainability requirements to be incorporated into the PSS standards, as well as an update on the PSS sustainability project, and B) proposed changes to the existing social sustainability requirements in the PSS standards. C) A summary of the changes to the PSS (v3)
Decisions	For **part A** the Committee is asked: a. To approve the environmental sustainability framework for progression to RCVS Council on 9 June 2022; b. Agree, approve and recommend to Council a longer lead in time for assessment after launch of 6-12 months; c. Consider whether the Supporting Guidance to the Code of Professional Conduct should be updated to reflect the Core Standards additions for: i. A written environmental sustainability policy ii. Responsible use of endoparasiticides iii. Responsible use of ectoparasiticides For **part B** the Committee is asked to: a. Approve the proposed changes to the social sustainability requirements in the PSS standards and progress to council for their approval on 9 June 2022; b. Recommend to Council that the social sustainability requirements be launched effective immediately (for guidance notes) and with a 3 month lead in time (for new Core Standards requirements; c. Consider whether the Supporting Guidance to the Code of Professional Conduct should be updated to reflect the Core Standards requirement for a harassment and bullying policy. For **part C** the Committee is asked to: a. Approve the changes made to the standards as set out in **Annex E**.

Attachments	Annex A - RCVS PSS sustainability project brief Annex B – PSG agreed PSS environmental sustainability requirements Annex C – PSG agreed PSS environmental sustainability requirements list only Annex D – PSG agreed changes to PSS social sustainability requirements Annex E – Updates to version 3 PSS
Author	Laurence Clegg PSS Lead l.clegg@rcvs.org.uk / 020 7202 0778

Classifications

Document	Classification[1]	Rationales[2]
Paper	Confidential (declassified post-meeting)	1, 3
Annex A	Confidential (declassified post-meeting)	1, 3
Annex B	Confidential (declassified post-meeting)	1, 3
Annex C	Confidential (declassified post-meeting)	1, 3
Annex D	Confidential (declassified post-meeting)	1, 3
Annex E	Confidential (declassified post-meeting)	

[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

PART A PSS Environmental sustainability project

Background

1. At the 16 August 2021 Practice Standards Group (PSG) meeting, the Group approved a proposal (see **Annex A**) to carry out a project to incorporate environmental sustainability into the PSS framework. The Group selected the Centre for Sustainable Healthcare (CSH) as the external supplier for the project and the project was initiated on 16 September 2021.

2. At the 26 January 2022 PSG meeting, the Group was presented with a first draft of an environmental sustainability framework which had been developed by CSH with a working group of PSG members, PSS Assessors and the RCVS Environmental Sustainability Lead. This was further refined in response to PSG feedback and a final draft was presented to the Group at its meeting on 13 April 2022.

3. The framework is to be presented as the new Environmental Sustainability Module and Award. The Module contains Core Standards and General Practice level requirements, which would need to be met by all PSS practices at the relevant accreditation levels. The Award could be achieved by any PSS practice that wanted to demonstrate they are excelling in Environmental Sustainability. As with the other PSS Awards, practices would also need to meet the Core Standards and General Practice requirements in the new Module to achieve the Award.

4. The Core Standards requirements in the new Environmental Sustainability Module consist of five existing Core Standards requirements from other Modules, with added wording to highlight that they have an environmental sustainability factor to them.

5. There are three new Core Standards requirements, namely for an environmental sustainability policy, and responsible use of endoparasiticides and ectoparasiticides. The Committee is asked to approve these and to consider if the Supporting Guidance for the Code of Professional Conduct needs to be updated to reflect them.

6. When reviewing the final draft framework at the 13 April PSG meeting, PSG agreed and approved that:

    a. The Awards requirement for an annual energy reduction target should be replaced by an Awards requirement for an annual carbon footprint reduction target.

b. Core Standards requirements for responsible use of endoparasiticides and ectoparasiticides should be added.
c. The name of the Module and Award should be 'Environmental Sustainability'.
d. There should be a longer lead in time for assessment of the new Module and Award of 6-12 months after publication and launch, due to the pressures that veterinary practices are currently facing, and to give the PSS team enough time to prepare.

The framework was otherwise agreed by PSG.

7. The framework can be found at **Annex B** (a list only version can be found at **Annex C**).

Project plan prior to launch

8. The PSS Team will be working with the RCVS Communications department to deliver the Communications Plan for the project, which outlines communications and engagements that will be carried out at key milestones, including publication and assessment.

9. CSH will develop a list of resources for veterinary practices to access so that they can meet the new PSS requirements and to support them to achieve their sustainability goals. This list will be published alongside the new framework.

10. CSH will also deliver training for PSS Assessors on how to assess the requirements.

Decisions

11. The Committee is asked:
    a. To approve the environmental sustainability framework for progression to RCVS Council on 9 June 2022;
    b. Agree, approve and recommend to Council a longer lead in time for assessment after launch of 6-12 months;
    c. Consider whether the Supporting Guidance to the Code of Professional Conduct should be updated to reflect the Core Standards additions for:
        i. A written environmental sustainability policy
        ii. Responsible use of endoparasiticides
        iii. Responsible use of ectoparasiticides

PART B – PSS Social sustainability

Background

12. At the 26 January 2022 PSG meeting, it was raised with the Group that the PSS framework could be used to promote social sustainability factors, such as equality and diversity, in veterinary practices. It was suggested that the PSS requirements in this area could be enhanced.

13. It was decided that it would be most effective for this work to be taken forward using the in-house expertise at the RCVS. An action of the meeting was for the PSS Lead to coordinate the in-house work on social sustainability requirements for PSS with a view to presenting progress at the next meeting.

14. A list of proposed changes were developed by the RCVS Leadership and Inclusion Manager, PSG members and PSS Assessors, and were presented to PSG at its meeting on 13 April 2022.

PSG approved changes

15. The proposed changes to the PSS requirements that PSG agreed to at its 13 April 2022 meeting can be found at **Annex D**. These consist of:
    a. The existing Awards requirement SA 16.5.25, EQ 15.5.25, FA 14.5.24 being moved to Core Standards and updated to require a harassment and bullying policy.
    b. A new requirement at General Practice level for the practice to employ positive action statements during recruitment.
    c. Changes to the guidance notes for three existing requirements at Core Standards level and one at General Practice level.

16. It was proposed by PSG that these changes would be published immediately once approved. Further, the updates to guidance notes would be effective immediately, and the new Core Standards requirements would have a three month lead in time before being assessed.

17. The Committee should note that in order to align the Core Standards requirement for a harassment and bullying policy with the Supporting Guidance for the Code of Professional Conduct an update to the Supporting Guidance may be required.

Decision

18. The Committee is asked to:
    a. Approve the proposed changes to the social sustainability requirements in the PSS standards and progress to council for their approval on 9 June 2022;
    b. Recommend to Council that the social sustainability requirements be launched effective immediately (for guidance notes) and with a 3 month lead in time (for new Core Standards requirements;
    c. Consider whether the Supporting Guidance to the Code of Professional Conduct should be updated to reflect the Core Standards requirement for a harassment and bullying policy.

PART C – Updates to the new version (version 3) of the Practice Standards Scheme

19. The new version (version 3) of the Practice Standards Scheme requirements were published in May 2021 and came into effect in October 2021. This coincided with the return to in-person assessments in October 2021.

20. At the last Standards Committee meeting on 7th February 2022 further suggested changes to the PSS requirements version 3 were put forward by PSG in response to immediate queries that had been received. The Committee accepted these changes and version 3.1 of the standards (3.2 for Equine) were published and effective for assessment in April 2022.

21. At the most recent PSG meeting on 13 April 2022, PSG considered and agreed on the remaining queries that had been returned to the Group with further evidence and clarification, as well as

some new queries that had been raised by the PSS Review Group. PSG is seeking Committee approval for these further changes to be made to the standards. A list of the further agreed changes can be found at **Annex E**.

Decision

22. The Committee is asked to approve the changes made to the standards as set out in **Annex E**.

Incorporating environmental and sustainability requirements into the RCVS Practice Standards Scheme

Background

The Royal College of Veterinary Surgeons (RCVS) is the statutory regulator for veterinary surgeons, responsible for the registration of veterinary surgeons and veterinary nurses in the UK, and sets, upholds and advances their educational, ethical, and clinical standards.

The RCVS has committed to implementing internal and external facing sustainability policies through establishing the Environment and Sustainability Working Party at the end of 2020. These policies will hold the One Health approach[1] at their core, which realises the interconnection between people, animals, plants, and their shared environment. The RCVS role is to:

"enhance society through improved animal health and welfare. We do this by setting, upholding and advancing the educational, ethical and clinical standards of veterinary surgeons and veterinary nurses."

As part of this, it is essential to understand our own environmental impact as an organisation, and to also promote the importance of this to those on our Registers and wider industry stakeholders in the UK and overseas.

Through the work carried out by the RCVS Environment and Sustainability Working Party (E&SWP) so far, it has come to light that the most suitable route to implement sustainability policies within the profession from the RCVS is to use the RCVS Practice Standards Scheme (PSS) and we are looking to work with an external organisation who can support us to design and incorporate environment and sustainability requirements into the scheme.

RCVS Practice Standards Scheme (PSS)

The RCVS Practice Standards Scheme (PSS) is a voluntary initiative to accredit veterinary practices in the UK. Through setting standards, upholding legislation and regulations and carrying out regular assessments, the Scheme aims to promote and maintain the highest standards of veterinary care, while positively impacting veterinary professionals work environments.

There are currently around two thirds of UK veterinary practices in the Scheme, and they are required to undergo an assessment a minimum of every four years to maintain their accreditation(s) and any award(s) held.

[1] https://www.who.int/news-room/q-a-detail/one-health

Authors: Laurence Clegg, Senior Practice Standards Officer / Rosie Greaves, Policy and Public Affairs Officer

All practices in the Scheme must achieve one of the available accreditation levels for each species type treated at the practice. To achieve accreditation, practices must meet the requirements in all modules, up to the accreditation level applied for (although at Core Standards only the applicable requirements/modules would need to be met). Once accreditation has been achieved, practices can also apply for the optional awards to demonstrate that they are excelling in certain service areas.

The accreditations available for each species type and the descriptions of these can be found here: https://www.rcvs.org.uk/setting-standards/practice-standards-scheme/which-accreditation-is-right-for-your-practice-and-how-to-apply/

A list of the optional awards for each species type and the descriptions and composition of these can be found here: https://www.rcvs.org.uk/setting-standards/practice-standards-scheme/which-accreditation-is-right-for-your-practice-and-how-to-apply/how-do-i-apply-for-pss-awards/

Please note the following regarding the accreditations and awards:

- The Core Standards consist of the legal and veterinary Code of Professional Conduct (CoPC) requirements that veterinary practices must meet. As the CoPC itself states that all veterinary surgeons must practise to Core Standards, this level is applicable to all veterinary practices in the UK, regardless of whether or not they are in the PSS.
- Best practice requirements are introduced at General Practice and Veterinary Hospital level. However, the levels are not purely progressive on each other; they are designed to account for the different types of veterinary practice in the UK and the variation in facilities and services provided.
- The Awards are designed to demonstrate excellence in a particular service and they include ‘gold standard’ requirements. Any accredited practice can achieve an Award, but they must also meet the Core Standards and General Practice requirements in the Modules that contribute to the Award.

The standards of the PSS are set and maintained by the Practice Standards Group (PSG), a steering group comprised of all the major veterinary organisations in the UK. Details of the composition of PSG can be found here: https://www.rcvs.org.uk/who-we-are/committees/standards-committee/practice-standards-group/.

In May 2021 the PSS published a new version of the standards (version 3) following a five-yearly review carried out by PSG. The documentation listing the latest standards can be downloaded here: https://www.rcvs.org.uk/setting-standards/practice-standards-scheme/

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Overall aim of project and current challenges

The aim of this project is to encourage and support UK veterinary practices, and the professions as a whole, to become more sustainable. The professions are well-placed to make significant contributions to the global climate change movement as the interface between animal health, the environment, food supply chain and human health (i.e. One Health) and given the position of veterinary professionals and practices within communities.

The RCVS has a far-reaching platform as the veterinary regulator to implement real change to help the professions work more sustainably. However, at present we lack the sustainability expertise to provide those on our register with the tools to do this. We are aware that veterinary professionals want to do more in this area, but at present they are unsure what is the right thing to do, and how to do it. As part of this, it will be crucial to pinpoint the gaps in sustainability relating to how veterinary professionals work in practice, mapping the sector inclusive of all types of practice. We hope that this project will be a step in the right direction, and RCVS can show leadership by creating an external facing initiative that the professions can engage with.

We believe that embedding sustainability requirements into the PSS accreditation framework will empower the veterinary team to actively manage their environmental impact, learn about new sustainability initiatives and how the changes made in veterinary practice can have a positive impact on the global climate change movement.

We also hope that as a consequence of this, veterinary professionals will become equipped to engage in conversations with clients about sustainability.

Importantly, the way in which we embed sustainability must fit into the current practice standards framework and this must be considered throughout this project.

Deliverables

We require the selected consultant to work with PSG to develop sustainability requirements for the PSS which:

- fit within the existing accreditation and awards framework.
- are applicable to and achievable by veterinary practices.
- can be assessed by the PSS assessors.

There may also be scope within this project to produce resources to assist veterinary practices with meeting the new sustainability requirements (or at the very least, resources will need to be signposted to).

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We will also require support with training the PSS assessor team on the new requirements.

Key stakeholders

Below is a list of the key stakeholders for this project:

- RCVS PSG and the represented organisations
- RCVS Standards Committee
- RCVS Advancement of the Professions Committee
- RCVS Council
- Veterinary practices and associated practice organisations (including representation by the Major Employers Group (MEG) and Federation of Independent Veterinary Practices (FIVP))
- Animal owners
- PSS Assessors and the PSS Team at RCVS

Project process and timeframes

We are planning for the initial development of the sustainability requirements to be carried out with a working group of PSG members and other key stakeholders. The product of this working group will then be presented to PSG as a whole for feedback and approval.

Once approved by PSG, the sustainability requirements will need to be presented to the RCVS Standards Committee and Advancement of the Professions Committee, and subsequently RCVS Council for their ultimate approval.

Given this, and allowing for committee feedback, we plan for the project to take eight to ten months from initiation to publication of the new requirements.

Project response

Please outline the following in your response to this project tender:

- The approach that your organisation would advise PSG to take with introducing sustainability requirements into the PSS framework.
- The method that your organisation would follow in developing the requirements.
- A quote for the work to complete this project. Please provide a selection of pricing options working to a budget between £10-20,000.
- Any relevant examples of prior work with regulators, or within the animal health or wider healthcare environment.

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Deadline

Please submit your responses to Rosie Greaves (r.greaves@rcvs.org.uk) and Laurence Clegg (l.clegg@rcvs.org.uk) by 5pm Monday 12 July.

Authors: Laurence Clegg, Senior Practice Standards Officer / Rosie Greaves, Policy and Public Affairs Officer

PSS Environmental Sustainability Module and Award

Small Animal

Small animal - CORE

Requirements	Guidance notes (including why this links to sustainability)	Documents	Justification for why the requirement should sit in core
The practice has a written environmental sustainability policy. *This is an existing GP requirement 16.2.11*	This should include a recycling and waste reduction plan. An environmental sustainability policy demonstrates a practice and its senior management's commitment to reducing its environmental impact whilst giving team members a backdrop to start making sustainability changes. The practice must share its sustainability policy with its team and should make it accessible to clients e.g., via their website. For guidance on producing a sustainability policy see: Environmental policy: Is this something we should have? (bva.co.uk)	Sustainability policy	Existing requirement at GP level, however it should be moved from GP to core because of Code of Conduct section 6.1 – "must consider the impact of their actions on the environment". This requirement demonstrates the practice's commitment to environmental sustainability. A policy should guide the practice's decision-making and allow outcomes to be assessed. Additional guidance notes added in blue.
The practice must have a policy for how they segregate, store, and dispose of all forms of waste. *Already an existing requirement 16.1.33*	Team training: - Team members should be able to describe how they handle different forms of waste Storage:	Contract with waste contractor and waste policy	Existing core requirement. This requirement ensures that the waste management hierarchy is followed, and current waste legislation is adhered to.

	- Adequate waste receptacles should be used to allow immediate disposal of hazardous items - Full containers should be stored in hygienic conditions and be clearly identified - Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. Recycle appropriate materials: Clinical and domestic waste streams are more costly and carbon intensive than recycling streams. Practices should ensure they have appropriate recycling facilities in place and that they are recycling everything that can be recycled. Appropriate recycling could be facilitated through signage. Assessors will ask to see evidence of: - The current waste pre-acceptance audit https://www.gov.uk/guidance/healthcare-waste-appropriate-measures-for-permitted-facilities/waste-pre-acceptance-acceptance-and-tracking-appropriate-measures https://www.issafe.co.uk/wp-content/uploads/2013/08/Pre-acceptanceWasteAudits1.pdf - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years) For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: https://www.rcvs.org.uk/bva-vet-waste. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information.		

Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations. *This is an existing requirement 16.1.20*	The manufacturing and delivery of equipment contributes to greenhouse gas emissions. Servicing and maintaining equipment regularly increases its lifespan/makes it last longer. Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers. Frequency of servicing is determined by the manufacturer or a competent person's recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired.	Protocols for maintenance of instruments	Existing core requirement. Additional guidance notes added (in blue) highlighting the link with environmental sustainability.
A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use. *This is an existing requirement but has been split into two (see below) - Medicine 10.1.28*	The development and spread of antimicrobial resistance are a global public health problem that is affected by use of these medicinal products in both humans and animals. Vets play a key role in preserving the efficiency of these medicines. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan. The BSAVA also provides advice on the responsible use of antimicrobials: https://www.rcvs.org.uk/bsava-amr. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status:		Existing core requirement. This requirement already has a strong link with sustainability and should be included in the module. CSH: This has been split into two as discussed 23/03/22 with working group, see below requirement.

	1. BSAVA Medicines Guide: Section on Antimicrobials - https://www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13 2. PROTECTME notes https://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters 3. PROTECTME posters (general and rabbit) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data 4. Non-Prescription form (sample) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members.		
A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use. *New requirement.*	Endoparasiticides are linked to various environmental concerns such as the development of resistance. In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members. Resources for companion animals: https://www.esccap.org/guidelines/		CSH: This has been split into two as discussed 23/03/22 with working group, see above requirement. VMD-led UK Equine Anthelmintic Stakeholder group are proposing to produce Best Practice Guidelines for parasite control and anthelmintic use, but not available yet - should be added once the guidelines are published
A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.	Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. A recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect).		CSH: This requirement has been added as discussed at PSG 13/04/2022.

New requirement.	(Guidance from VMD to be added when available) Resources for companion animals: Homepage | ESCCAP		
There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with current legislation. *This is an existing requirement: medicines 10.1.9*	Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result an increase in greenhouse gas emissions. Efficient stock control can reduce medicine wastage. Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.		Existing core requirement. Additional guidance notes added (in blue) highlighting the link with environmental sustainability.
Medicines should be disposed of in accordance with current legislation. *This is an existing requirement medicines 10.1.11*	Improper disposal of medicines causes environmental damage such as ecotoxicity. Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include: - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded - A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: https://www.rcvs.org.uk/cdlos A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to		Existing core requirement. Additional guidance notes added (in blue) highlighting the link with environmental sustainability.

	record the name of the CD, form, strength and quantity. A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so. Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV guidance https://www.rcvs.org.uk/t28.		

Small animal - GP

Requirements	Guidance notes	Documents	Comments
The practice has appointed a sustainability champion *or* created a sustainability team.	Evidence could be a nominated sustainability champion which is included in the sustainability policy. For solo vets having a written sustainability policy could be enough evidence.	Name of designated person(s).	
The practice must have a system in place for team members to suggest sustainability ideas and improvements.	Veterinary surgeons, nurses and team members in practices are best placed to make sustainability improvements within their own practices.	Record of suggesti	

Requirements	Guidance notes	Documents	Comments
	The practice should encourage all team members to identify areas which could be improved or considered for improvement. This could be through raising suggestions via the sustainability team/sustainability champion, having a sustainability suggestions board/box for team members, a page on the practice website or adding it to the agenda of team meetings. Assessors will want to see evidence of a suggestions board/box for team members, team meeting agenda, a page on the practice website etc, and will talk to team members to understand how they raise sustainability improvement ideas at their practice.	ons and actions.	
The practice communicates its sustainability achievements to its clients.	Information could be provided on the practice website, in the client welcome pack, via social media or on waiting room displays.	Evidence of sustainability achievements being communicated.	
Routine appointments to and for clients are planned to reduce mileage.	Where possible, appointments in the same area are arranged on the same day to reduce mileage and save greenhouse gas emissions. Assessors will talk to team members to understand how routine appointments are planned.		
The area immediately surrounding the premises must be maintained in a clean and tidy state and should not negatively impact the environment. *Existing requirement 17.2.1 but with an additional sustainability element (in blue).*	Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.		

Requirements	Guidance notes	Documents	Comments
The practice advises clients to return unused medications to the practice for appropriate safe disposal.	Flushing medicines, pouring them down the sink or disposing of them via landfill (black bin) poses a risk to the environment. The assessor might ask to see the collection box for clients unused medicine or materials e.g., posters, leaflets advising clients to return unused medicines.		
The practice demonstrates that they employ techniques to minimise anaesthetic gas usage.	Anaesthetic gases have a high environmental impact. Example techniques could include: -The practice considers using local and regional anaesthetic where appropriate. -The practice is optimising the flow rate. -The practice is phasing out Nitrous Oxide -Practices regularly review their GA plan. -Partial Intravenous Anaesthesia (PIVA) / Total Intravenous Anaesthesia (TIVA) Case study from Davies Veterinary Specialists: Reducing anaesthetic gas for environmental benefit - Davies Veterinary Specialists (vetspecialists.co.uk)		
The practice provides resources on preventative healthcare.	Reducing the demand for healthcare through prevention will reduce the greenhouse gas emissions associated with healthcare. Examples could include: providing a page on the website with resources on preventative healthcare; offering puppy clinics, obesity clinics, diabetes clinics, vaccinations, worming programmes.		
Original diagnostic images should be retained for an appropriate period. *This is an existing requirement - Diagnostic imaging 5.2.6 Original*	Retaining diagnostic images could mean that they do not have to be re-done – saving energy and greenhouse gas emissions. Relevant for X-rays, CT and MRI.		Existing GP requirement with additional guidance notes added in blue.

Requirements	Guidance notes	Documents	Comments
diagnostic images should be retained for an appropriate period	Images may be hard copy or in digital format. Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice. Before disposal of images, consideration should be given to their potential future value (ideally these should be retained for at least the life of the patient). Consult your indemnity insurer for advice on retention period.		
The practice undertakes a waste survey at least annually and can demonstrate that the results are analysed and, where appropriate, action has been taken as a result.	Clinical and domestic waste streams are more costly and carbon intensive than recycling streams. Carrying out a waste survey helps practices analyse their waste streams and ensures correct waste segregation. It also enables practices to identify items that are being thrown away frequently and highlights opportunities for reducing this item or swapping this item for reusables. How to conduct a waste survey (example): 1. Review your practices waste facilities - do you have enough recycling bins? Are bins labelled with what can/can't be disposed of. 2. Domestic and recycling waste streams: wear appropriate PPE and have a look through the bins. Record the type of waste within them and identify the types of waste you have most and least of. Is there waste in the domestic bins that could be recycled? What is the most commonly disposed item? 3. For clinical waste streams, talk to team members to understand what they are disposing of and ensure they are not putting anything into clinical waste streams that could go into domestic or recycling bins. Use your results to take action on improving waste segregation and/or reducing waste.	Evidence a survey was undertaken, and action taken	A waste survey allows practices to identify whether they are following the waste hierarchy as best they are able. It should also allow practice teams to check that they are following their waste management policy.

Small Animal - AWARDS

Total points available: 510

Outstanding (80%): 410

Good (60%): 310

Points	Requirements	Guidance notes (including why this links to sustainability)	Behaviours	Documents	Comments
10	**The practice has joined a sustainability network.**	At least one current team member from the practice has joined a sustainability network. Understanding sustainable best practice and sharing ideas between practices is key if the veterinary sector is to become more sustainable and reduce its impact on the environment. Veterinary professionals must work together to find solutions - collaboration is key. Example networks: Vet Sustain Facebook group, Vet Sustain mailing list for the monthly newsletter, Sustainable Vet Nurse Facebook group, zero waste veterinary Facebook group, The Centre for Sustainable Healthcare's sustainable operating theatres network or any other group with sustainability as its focus.	At least one current team member regularly checks the sustainability network.		
20	**The practice regularly shares the information learned through a**	Team members share ideas on sustainable best practice with the team.	The practice updates team members regularly.		

	sustainability network with the rest of the practice.	This could be at team meetings, via emails, intranet pages, or social media groups which could serve as evidence for the assessors.			
10	**The practice has a system in place for clients to suggest sustainability ideas and improvements.**	By engaging the local community in discussions about sustainability, the practice's efforts can be more far reaching. Examples could include a sustainability suggestion box in reception, a sustainability question added to a feedback form or a section on the website.	One team member to check monthly to see if sustainability ideas have been suggested by clients.	Record of suggestions and actions as a result.	
10	**The practice measures and monitors its annual energy consumption.**	Understanding your practice's energy consumption is crucial to identifying opportunities for reduction - you can't manage what you don't measure. The data should be collected on a document and include: - Month of consumption - Electricity consumption recorded in kWh - Energy use for hot water and heating recorded in kWh Energy consumption data for your practice can be found on invoices. If your practice is located in a building owned by another company such as a pet shop you can estimate your energy consumption based on the m2 of your practice space. To do this you'll need to know the annual energy consumption in kWh for the whole premises, floor space of the premises in m2, and the floor space of your practice area in m2. Divide the annual kWh by the total m2 of the whole premises, this will give you kWh per m2. Finally, multiply this figure by the floor space of your practice.		Record of annual energy consumption or annual meter readings or copy of energy invoices.	

		If there are different vet companies using the same space at different times you would also need to calculate the energy usage per hour.			
20	**The practice has undertaken an energy saving project over the last PSS reporting period.**	Examples could include: Carrying out a 'switch off campaign' to ensure everything that can be switched off at the end of the day, is. A lot of energy is wasted when lights and equipment such as AC units are left on unnecessarily or overnight. Installing LED lights. Switching inefficient bulbs to LEDs helps lower electricity bills and Greenhouse Gas emissions. Every traditional halogen bulb replaced with an LED saves £2-3 and 5 kgCO2e per year. Installing motion sensing light controls where appropriate. Upgrading inefficient equipment.	All team members understand and if appropriate contribute to the energy saving project.		
10	**The practice uses a green electricity supplier.**	Review your practice's current electricity contract and supplier. If you are on a standard tariff, switch to a renewable tariff or switch to a supplier who produces renewable electricity.		Electricity contract or copy of green electricity certificate (REGO).	
10	**The practice generates some of its own electricity through onsite renewables.**	Examples could include solar panels, wind turbines or investment in a local hydroelectric power scheme.		Amount of onsite electricity generated.	
10	**The practice uses sustainable technologies to provide some of its heating and hot water.**	Examples could include ground source heat pumps, air source heat pumps, solar hot water, biogas.			
20	**The practice measures its scope 1 and 2 carbon footprint.**	Scope 1 emissions include: fuels used for heating and hot water, anaesthetic gases, petrol/diesel used for fleet vehicles.	All team members understand their practice's carbon hotspots.	Record of scope 1 and 2 carbon footprint calculation.	

		Scope 2 emissions include: electricity purchased from the grid. Carbon emission factors from the Department for Business, Energy and Industrial Strategy (BEIS) can be used to calculate the carbon emissions associated with scopes 1 and 2: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk) See resource list for further information and guidance.			
10	**The practice sets an annual carbon reduction target (for scopes 1 and 2), and it has been met each year.**	The UK has committed to a legally binding target of net zero emissions by 2050. For this target to be met, all organisations must play their part in reducing their carbon footprint. Step 1: calculate your practices scope 1 and 2 annual carbon footprint. This could be for the previous year or a year you have the most available data for (see above requirement for how to calculate this and resource list for further information). Step 2: once you have measured your annual scope 1 and 2 carbon footprint, review this to understand your practices carbon hotspots. What is your practice's largest contributor to your carbon footprint? Identifying carbon hotspots will help you to understand the potential scale of the target you could achieve. Reducing carbon emissions can be done by either decarbonising sources (e.g., renewable energy generation or electric vehicles) or by reducing consumption of carbon sources (e.g., reducing energy consumption or reducing volatile anaesthetic gases). Can you start to identify opportunities for reduction?		Evidence a target has been set and records showing comparison of annual energy consumption.	CSH: Wording changes slightly in working group meeting 13/04/22

		Step 3: set a carbon reduction target which you think is achievable (e.g., 5% or 10%). To find out if you have met your target at the end of the year, measure and review your new annual carbon footprint and compare with the previous years. You might want to include Key Performance Indicators (KPIs) such as carbon footprint per m2 or carbon footprint per animal treated. If you have increased the size of your practice or number of clients, KPIs can take this into account. For example, your carbon footprint could increase if you increase the size of your practice but might have decreased overall when you look at carbon footprint per m2. KPIs can be calculated by dividing your practice's carbon footprint by either the size of your practice (in m2) or by the number of animals treated last year.			
10	**The practice measures its scope 3 carbon footprint.**	Scope 3 emissions include: water, waste, staff commuting and business travel (non-fleet), procurement, Well-to-Tank and transmission and distribution losses. For water, waste, well-to-tank/transmission and distribution and staff commuting use latest Department for Business, Energy and Industrial Strategy (BEIS) emission factors: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk) For business travel and procurement use [*CSH to copy in link once database has been uploaded to CSH networks*].	All team members understand their practices scope 3 carbon hotspots.	Record of scope 3 carbon footprint calculation.	
40	**The practice has developed an action plan which will be reviewed and updated at regular intervals (at least annually).**	An action plan should detail all of the sustainability initiatives you're currently working on, planning for the future, or have already completed.	All team members should be aware of the actions the practice needs to undertake.	Evidence of an up-to-date action plan.	

		The action plan should be a 'live' document that is regularly updated with new actions and progress on ongoing actions and should include: - The person/persons responsible for completing the action - The status of each action e.g., completed, ongoing, not started The action plan could be discussed at quarterly team meetings.			
10	**The practice takes measures to avoid water wastage.**	The practice takes measures to minimise water wastage, for example through: -The installation of water saving devices such as low flow taps, toilets and fixtures -The regular inspection and repair of water pipes to reduce leakages.			
10	**The practice reduces the number of face to face appointments by combining appointments into one single visit.**	This refers to clients coming into the practice rather than practice team members going out to see clients.	All team members should follow the guidelines on combining appointments.		
20	**The practice has undertaken an employee travel survey around commuting within the past year.**	A travel survey is a good way of engaging team members to think about their travel habits. The results of the travel survey should also be disseminated to all team members at the practice.	Team members take part in the travel survey.	Travel survey analysis and feedback.	
10	**The practice has a sustainable travel policy.**	The sustainable travel policy is an opportunity to outline how the practice might reduce unnecessary travel and promote sustainable travel options including: -How veterinary practices will inform its team members and clients about travel options to the veterinary		Travel policy.	CSH: moved from GP to awards during working group meeting 23/03/22.

		practice, including active transport routes and public transport. This could be provided to team members in induction packs and be part of the welcome pack for clients. -How the practice encourages the use of sustainable travel options for team members travelling to conferences, meetings, external events and CPD. This could also include consideration of virtual vs face to face where appropriate and where the quality of the delegate experience is not unduly compromised. -How travel to routine appointments is planned to reduce mileage.			
10	**Some of the practice's fleet are low carbon vehicles.**	The practice has either switched at least one of its fleet vehicles to a low carbon alternative or has a written policy demonstrating that when procuring new vehicles, the practice will only procure low carbon vehicles. Low carbon vehicles include all electric, hybrid and hydrogen.			
10	**The practice has a salary sacrifice scheme for bikes or electric cars.**	The practice has signed up to a salary sacrifice scheme for bikes, electric bikes or electric cars.			
10	**The practice can demonstrate evidence of consolidating its orders and deliveries.**	The practices should focus on consolidating its orders and deliveries from pet food, toys, PPE, etc. Veterinary groups with practices in the same geographical location could ensure they all get deliveries from the same supplier on the same day.			
20	**The practice can demonstrate measures they have implemented to reduce waste.**	Completed projects could be included in the action plan.			CSH: existing requirement that was split into two requirements as

					decided at meeting 23/03/22. (see below requirement also)
20	**The practice can demonstrate evidence of waste reduction.** *This is an existing requirement 16.5.42 that has been split into two (see above requirement)*	Examples of this could include the practice tracking and measuring its domestic waste, as well as its recycling waste and clinical waste.		Comparison of annual waste reduction.	CSH: existing requirement that was split into two requirements as decided at working group meeting 23/03/22.
10	**The practice uses reusable sharps bins.**	Switching to reusable sharps containers reduces greenhouse gas emissions associated with manufacturing, transportation and packaging of new containers whilst reducing single-use plastic. See the NHS reusable vs disposable sharps case study: Before/after intervention study to determine impact on life-cycle carbon footprint of converting from single-use to reusable sharps containers in 40 UK NHS trusts | BMJ Open			
40	**The practice takes active steps to reduce medicine over prescribing.**	Practices should be following clinical guidelines. Examples could include: -The practice policy on dispensing addresses overprescribing/overstocking. -The use of BSAVA no antibiotic required 'non prescription' form and practice poster. Or the use of BEVA non prescription forms (No antibiotic prescription form.pdf (beva.org.uk))			CSH: Discussed in working group meeting 23/03/22 that not too many examples should be included and instead leave it up to practices to decide how they can achieve this.

		-Worm egg counts are conducted in house. -Kennel cough protocol. -Following up with clients that medication has been given.			
20	**The practice minimises drug wastage.**	Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result in an increase in greenhouse gas emissions. Practices should review their medicine order habits and look at reducing/consolidating their medicine deliveries. There are systems utilised to minimise waste e.g., identification of short dated stock, centrally held stock for cars, active management of stock held in vehicles			
10	**The practice can demonstrate it has considered the environmental sustainability of its products.**	Examples could include: -Practices changing a product to a more sustainable product. -Reviewing the sustainability credentials of some of its products e.g. pet food. Highlighting to suppliers where packaging is excessive or non-recyclable encourages change.			
10	**Where clinically appropriate, the practice avoids single use items.**	This could include switching from disposable to reusable; gowns, drapes, hats and/or equipment. Reusable gowns and drapes sustainability benefits evidence paper: A comparison of reusable and disposable perioperative textiles: sustainability state-of-the-art 2012 - PubMed (nih.gov)			CSH: wording changed slightly during working group meeting 23/03/22. Group to check with RCVS knowledge about reusable gowns/drapes etc.

		Reusable gowns and drapes clinical benefits evidence paper: Disposable versus reusable medical gowns: A performance comparison - PubMed (nih.gov) NHS case study: switching from disposable to reusable gowns in surgery Introducing team 5 of the Green Surgery Challenge | Centre for Sustainable Healthcare RCVS Knowledge: reducing-veterinary-waste.pdf			
20	**The practice can demonstrate that part of their business runs paperless.**	Review the practice's current processes to see which already run paperless and which could be run paperless.	According to client preference		
10	**The practice has integrated sustainability into quality improvement.**	Sustainability in Quality Improvement (SusQI) is an approach to improving healthcare in a holistic way. It measures health outcomes of a service against its environmental, social and economic costs and impacts to determine its 'sustainable value'. SusQI embeds the Centre for Sustainable Healthcare's (CSH) principles of sustainable clinical practice: prevention, patient empowerment and self-care, lean clinical pathways and low carbon alternatives. We can improve the sustainability of a procedure/clinical pathway by: ● Improving preventative steps that can be taken to avoid the procedure in the first place ● Offering support which will help the owner of the animal to improve the care they can provide themselves ● Reviewing all the steps carried out while implementing a procedure. Are there any unnecessary steps? For example, do we take blood without using the results of the blood			

		test. Undertaking a clinical audit might highlight unnecessary resource use or opportunities for lean clinical pathways. ● Reviewing the resources used to carry out the procedure. Are there resources used though not needed, e.g. does the surgical pack include items which are no used by most veterinary surgeons? Are there more sustainable options to the resources we use? E.g. can we use reusable scissors instead of disposable ones? Assessors will expect to see evidence of SusQI activities. SusQI explained in a short video: Sustainability in Quality Improvement (SusQI) explained - YouTube SusQI website and resources: Home | Sustainable Quality Improvement (susqi.org) Link to CSH Green Surgery challenge case studies: Green Surgery Challenge | Centre for Sustainable Healthcare			
40	**The practice actively promotes biodiversity onsite or in the local community.**	Biodiversity plays an important role in sustainability. Examples could include planting trees onsite, wildflower meadows, hanging bird boxes/bird food or join the bee friendly practice scheme (https://britishbeevets.com/how-to-get-involved/) Where practices do not have access to land, examples could include window boxes, insect houses, hanging baskets. Examples could also include community involvement projects such as beach cleans or litter picking in parks.		Evidence of how the practice is promoting biodiversity.	

20	**At least one current team member in the practice must have undergone sustainability training.**	This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.		Proof of environmental sustainability training.	
10	**The practice team has been trained in sustainability.**	Team members that receive the training must ensure that the knowledge is transferred to other members of the practice team. There is evidence that the information from training and sustainability initiatives is disseminated to the whole team. This may be via dedicated team meetings, events, including sustainability on practice meeting agenda, sharing knowledge from sustainability CPD.	It should be evident in discussion that all team members are aware of their role in improving the sustainability of the practice.		
20	**Sustainable veterinary topics are regularly promoted to clients and the public.**	Sustainability topics could be featured in practice newsletters or via social media posts.		Evidence of promoted topics.	

Equine

Equine - Core

Requirements	Guidance notes (including why this links to sustainability)	Documents	Justification for why the requirement should sit in core
The practice has a written environmental sustainability policy. *This is an existing requirement 16.2.11*	This should include a recycling and waste reduction plan. An environmental sustainability policy demonstrates a practice and its senior management's commitment to reducing its environmental impact whilst giving team members a backdrop to start making sustainability changes. The practice must share its sustainability policy with its team and should make it accessible to clients e.g., via their website. For guidance on producing a sustainability policy see: Environmental policy: Is this something we should have? (bva.co.uk)	Sustainability policy	Existing requirement at GP level, however it should be moved from GP to core because of Code of Conduct section 6.1 – "must consider the impact of their actions on the environment". This requirement demonstrates the practice's commitment to environmental sustainability. A policy should guide the practice's decision-making and allow outcomes to be assessed. Additional guidance notes added in blue.
The practice must have a policy for how they segregate, store, and dispose of all forms of waste. *Already an existing requirement 15.1.34*	Team training: - Team members should be able to describe how they handle different forms of waste Storage: - Adequate waste receptacles should be used to allow immediate disposal of hazardous items - Full containers should be stored in hygienic conditions and be clearly identified - Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor.	Contract with waste contractor and waste policy	Existing core requirement. This requirement ensures that the waste management hierarchy is followed, and current waste legislation is adhered to.

	Recycle appropriate materials: Clinical and domestic waste streams are more costly and carbon intensive than recycling streams. Practices should ensure they have appropriate recycling facilities in place and that they are recycling everything that can be recycled. Appropriate recycling could be facilitated through signage. Assessors will ask to see evidence of: - The current waste pre-acceptance audit should be available https://www.gov.uk/guidance/healthcare-waste-appropriate-measures-for-permitted-facilities/waste-pre-acceptance-acceptance-and-tracking-appropriate-measures https://www.issafe.co.uk/wp-content/uploads/2013/08/Pre-acceptanceWasteAudits1.pdf - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years) For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: https://www.rcvs.org.uk/bva-vet-waste. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information.		
Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.	The manufacturing and delivery of equipment contributes to greenhouse gas emissions. Servicing and maintaining equipment regularly increases its lifespan/makes it last longer. Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory	Protocols for maintenance of instruments	Existing core requirement. Additional guidance notes added (in blue) highlighting the link with environmental sustainability.

This is an existing requirement 15.1.20	equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers. Frequency of servicing is determined by the manufacturer or a competent person's recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.		
A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use. *This is an existing requirement but has been split into two (see below) - Medicine 10.1.28*	The development and spread of antimicrobial resistance are a global public health problem that is affected by use of these medicinal products in both humans and animals. Vets play a key role in preserving the efficiency of these medicines. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan. The BSAVA also provides advice on the responsible use of antimicrobials: https://www.rcvs.org.uk/bsava-amr. BEVA advice on use of antimicrobials, including the PROTECT ME toolkit, advice about the Cascade and tips for antimicrobial stewardship: https://www.beva.org.uk/Guidance-and-Resources/Medicnes/Antibiotics Additional Resources from BSAVA, all free to download regardless of BSAVA membership status:		Existing core requirement. This requirement already has a strong link with sustainability and should be included in the module. CSH: This has been split into two as discussed 23/03/22 with working group, see below requirement.

	1. BSAVA Medicines Guide: Section on Antimicrobials - https://www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13 2. PROTECTME notes https://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters 3. PROTECTME posters (general and rabbit) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data 4. Non-Prescription form (sample) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to team members.		
A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use. New requirement	Endoparasiticides are linked to various environmental concerns such as the development of resistance. In particular, the resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. Examples of what assessors might look at, policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to team members. Guidelines for anthelmintic use in horses include: European Scientific Counsel Companion Animal Parasites: www.esccap.org/guidelines/g18/ American Association of Equine Practitioners: www.aaep.org/document/internal-parasite-control-guidelines		CSH: This has been split into two as discussed 23/03/22 with working group, see above requirement. VMD-led UK Equine Anthelmintic Stakeholder group are proposing to produce Best Practice Guidelines for parasite control and anthelmintic use, but not available yet - should be added once the guidelines are published
A practice must be able to demonstrate that when using	Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. For		CSH: This requirement has been added as discussed at PSG 13/04/2022.

ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use. *New requirement.*	example, a recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect). (Guidance from VMD to be added when available)		VMD-led UK Equine Anthelmintic Stakeholder group are proposing to produce Best Practice Guidelines for parasite control and anthelmintic use, but not available yet - should be added once the guidelines are published.
There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with current legislation. *This is an existing requirement: medicines 10.1.9*	Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result an increase in greenhouse gas emissions. Efficient stock control can reduce medicine wastage. Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.		Existing core requirement. Additional guidance notes added (in blue) highlighting the link with environmental sustainability.
Medicines should be disposed of in accordance with current legislation. *This is an existing requirement medicines 9.1.11*	Improper disposal of medicines causes environmental damage such as ecotoxicity. Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include: - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded - A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison		Existing core requirement. Additional guidance notes added (in blue) highlighting the link with environmental sustainability.

	Officer; a list of Police CD Liaison Officers can be found at: https://www.rcvs.org.uk/cdlos A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity. A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so. Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV		

Equine – GP

Requirements	Guidance notes	Documents	Comments
The practice has appointed a sustainability champion or created a sustainability team.	Evidence could be a nominated sustainability champion which is included in the sustainability policy. For solo vets having a written sustainability policy could be enough evidence.	Name of designated person(s).	
The practice must have a system in place for team members to suggest sustainability ideas and improvements.	Veterinary surgeons, nurses and team members in practices are best placed to make sustainability improvements within their own practices. The practice should encourage all team members to identify areas which could be improved or considered for improvement.	Record of suggestions and actions	

Requirements	Guidance notes	Documents	Comments
	This could be through raising suggestions via the sustainability team/sustainability champion, having a sustainability suggestions board/box for team members, a page on the practice website or adding it to the agenda of team meetings. Assessors will want to see evidence of a suggestions board/box for team members, team meeting agenda, a page on the practice website etc, and will talk to team members to understand how they raise sustainability improvement ideas at their practice.	as a result.	
The practice communicates its sustainability achievements to its clients.	Information could be provided on the practice website, in the client welcome pack, via social media or on waiting room displays.	Evidence of sustainability achievements being communicated.	
Routine appointments to and for clients are planned to reduce mileage.	Where possible, appointments in the same area are arranged on the same day to reduce mileage and save greenhouse gas emissions. Assessors will talk to team members to understand how routine appointments are planned.		
The area immediately surrounding the premises must be maintained in a clean and tidy state and should not negatively impact the environment. *Existing requirement 16.2.1 but with an additional sustainability element (in blue).*	Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.		

Requirements	Guidance notes	Documents	Comments
The practice advises clients to return unused medications to the practice for appropriate safe disposal.	Flushing medicines, pouring them down the sink or disposing of them via landfill (black bin) poses a risk to the environment.		
The practice demonstrates that they employ techniques to minimise anaesthetic gas usage.	Anaesthetic gases have a high environmental impact. Example techniques could include: -The practice considers using local and regional anaesthetic where appropriate. -The practice is optimising the flow rate. -The practice is phasing out Nitrous Oxide -Practices regularly review their GA plan. -Partial Intravenous Anaesthesia (PIVA) / Total Intravenous Anaesthesia (TIVA) Case study from Davies Veterinary Specialists: Reducing anaesthetic gas for environmental benefit - Davies Veterinary Specialists (vetspecialists.co.uk)		
The practice provides resources on preventative healthcare.	Reducing the demand for healthcare through prevention will reduce the greenhouse gas emissions associated with healthcare. Examples could include: providing a page on the website with resources on preventative healthcare; diabetes clinics, vaccinations, 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.		
Original diagnostic images should be retained for an appropriate period. *This is an existing requirement - Diagnostic imaging 5.2.6 Original*	Retaining diagnostic images could mean that they do not have to be re-done – saving energy and greenhouse gas emissions. Relevant for X-rays, CT and MRI.		

Requirements	Guidance notes	Documents	Comments
diagnostic images should be retained for an appropriate period	Images may be hard copy or in digital format. Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice. Before disposal of images, consideration should be given to their potential future value (ideally these should be retained for at least the life of the patient). Consult your indemnity insurer for advice on retention period.		
The practice undertakes a waste survey at least annually and can demonstrate that the results are analysed and, where appropriate, action has been taken as a result.	Clinical and domestic waste streams are more costly and carbon intensive than recycling streams. Carrying out a waste survey helps practices analyse their waste streams and ensures correct waste segregation. It also enables practices to identify items that are being thrown away frequently and highlights opportunities for reducing this item or swapping this item for reusables. How to conduct a waste survey (example): 1. Review your practices waste facilities - do you have enough recycling bins? Are bins labelled with what can/can't be disposed of. 2. Domestic and recycling waste streams: wear appropriate PPE and have a look through the bins. Record the type of waste within them and identify the types of waste you have most and least of. Is there waste in the domestic bins that could be recycled? What is the most commonly disposed item? 3. For clinical waste streams, talk to team members to understand what they are disposing of and ensure they are not putting anything into clinical waste streams that could go into domestic or recycling bins. Use your results to take action on improving waste segregation and/or reducing waste.	Evidence a survey was undertaken	A waste survey allows practices to identify whether they are following the waste hierarchy as best they are able. It should also allow practice teams to check that they are following their waste management policy.

Equine – AWARDS

Total points available: 450

Outstanding (80%): 360

Good (60%): 270

Points	Requirements	Guidance notes (including why this links to sustainability)	Behaviours	Documents	Comments
10	**The practice has joined a sustainability network.**	At least one current team member from the practice has joined a sustainability network. Understanding sustainable best practice and sharing ideas between practices is key if the veterinary sector is to become more sustainable and reduce its impact on the environment. Veterinary professionals must work together to find solutions - collaboration is key. Example networks: Vet Sustain Facebook group, Vet Sustain mailing list for the monthly newsletter, Sustainable Vet Nurse Facebook group, zero waste veterinary Facebook group, The Centre for Sustainable Healthcare's sustainable operating theatres network or any other group with sustainability as its focus.	At least one current team member regularly checks the sustainability network.		
20	**The practice regularly shares the information learned through a sustainability network with the rest of the practice.**	Team members share ideas on sustainable best practice with the team. This could be at team meetings, via emails, intranet pages, or social media groups which could serve as evidence for the assessors.	The practice updates team members regularly.		

10	**The practice has a system in place for clients to suggest sustainability ideas and improvements.**	By engaging the local community in discussions about sustainability, the practice's efforts can be more far reaching. Examples could include a sustainability suggestion box in reception, a sustainability question added to a feedback form or a section on the website.	One team member to check monthly to see if sustainability ideas have been suggested by clients.	Record of suggestions and actions taken as a result.	
10	**The practice measures and monitors its annual energy consumption.**	Understanding your practice's energy consumption is crucial to identifying opportunities for reduction - you can't manage what you don't measure. The data should be collected on a document and include: - Month of consumption - Electricity consumption recorded in kWh - Energy use for hot water and heating recorded in kWh Energy consumption data for your practice can be found on invoices. If your practice is located in a building owned by another company such as a pet shop, you can estimate your energy consumption based on the m2 of your practice space. To do this you'll need to know the annual energy consumption in kWh for the whole premises, floor space of the premises in m2, and the floor space of your practice area in m2. Divide the annual kWh by the total m2 of the whole premises, this will give you kWh per m2. Finally, multiply this figure by the floor space of your practice. If there are different vet companies using the same space at a different time you would also need to calculate the energy usage per hour.		Record of annual energy consumption or annual meter readings or copy of energy invoices.	
10	**The practice has undertaken an energy saving project over the last PSS reporting period.**	Examples could include: Carrying out a 'switch off campaign' to ensure everything that can be switched off at the end of the day, is. A lot of energy is wasted when lights and equipment such as AC units are left on unnecessarily or overnight.	All team members understand and if appropriate contribute to the energy saving project.		

		Installing LED lights. Switching inefficient bulbs to LEDs helps lower electricity bills and Greenhouse Gas emissions. Every traditional halogen bulb replaced with an LED saves £2-3 and 5 kgCO2e per year. Installing motion sensing light controls where appropriate. Upgrading inefficient equipment.			
10	**The practice uses a green electricity supplier.**	Review your practice's current electricity contract and supplier. If you are on a standard tariff, switch to a renewable tariff or switch to a supplier who produces renewable electricity.		Electricity contract or copy of green electricity certificate (REGO).	
10	**The practice generates some of its own electricity through onsite renewables.**	Examples could include solar panels and wind turbines, investment in a local hydroelectric power scheme.		Amount of electricity generated.	
10	**The practice uses sustainable technologies to provide some of its heating and hot water.**	Examples could include ground source heat pumps, air source heat pumps, solar hot water, biogas.			
20	**The practice measures its scope 1 and 2 carbon footprint.**	Scope 1 emissions include: fuels used for heating and hot water, anaesthetic gases, petrol/diesel used for fleet vehicles. Scope 2 emissions include: electricity purchased from the grid. Carbon emission factors from the Department for Business, Energy and Industrial Strategy (BEIS) can be used to calculate the carbon emissions associated with scopes 1 and 2: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk) See resource list for further information and guidance.	All team members understand their practice's carbon hotspots.	Record of scope 1 and 2 carbon footprint calculation.	

10	**The practice sets an annual carbon reduction target (for scopes 1 and 2), and it has been met each year.**	The UK has committed to a legally binding target of net zero emissions by 2050. For this target to be met, all organisations must play their part in reducing their carbon footprint. Step 1: calculate your practices scope 1 and 2 annual carbon footprint. This could be for the previous year or a year you have the most available data for (see above requirement for how to calculate this and resource list for further information). Step 2: once you have measured your annual scope 1 and 2 carbon footprint, review this to understand your practices carbon hotspots. What is your practice's largest contributor to your carbon footprint? Identifying carbon hotspots will help you to understand the potential scale of the target you could achieve. Reducing carbon emissions can be done by either decarbonising sources (e.g., renewable energy generation or electric vehicles) or by reducing consumption of carbon sources (e.g., reducing energy consumption or reducing volatile anaesthetic gases). Can you start to identify opportunities for reduction? Step 3: set a carbon reduction target which you think is achievable (e.g., 5% or 10%). To find out if you have met your target at the end of the year, measure and review your new annual carbon footprint and compare with the previous years. You might want to include Key Performance Indicators (KPIs) such as carbon footprint per m2 or carbon footprint per animal treated. If you have increased the size of your practice or number of clients, KPIs can take this into account. For example, your carbon footprint could increase if you increase the size of your practice but might have decreased overall when you look at carbon footprint per m2. KPIs can be calculated by dividing your practice's carbon footprint by either the size of your practice (in m2) or by the number of animals treated last year.		Evidence a target has been set and records showing comparison of annual energy consumption.	CSH: Wording changes slightly in working group meeting 13/04/22
10	**The practice measures its scope 3 carbon footprint.**	Scope 3 emissions include: water, waste, staff commuting and business travel (non-fleet), procurement, Well-to-Tank and transmission and distribution losses.	All team members understand their practices	Record of scope 3 carbon	

		For water, waste, well-to-tank/transmission and distribution and staff commuting use latest Department for Business, Energy and Industrial Strategy (BEIS) emission factors: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk) For business travel and procurement use [*CSH to copy in link once database has been uploaded to CSH networks*].	scope 3 carbon hotspots.	footprint calculation.	
20	**The practice has developed an action plan which will be reviewed and updated at regular intervals (at least annually).**	An action plan should detail all of the sustainability initiatives you're currently working on, planning for the future, or have already completed. The action plan should be a 'live' document that is regularly updated with new actions and progress on ongoing actions and should include: - The person/persons responsible for completing the action - The status of each action e.g., completed, ongoing, not started The action plan could be discussed at quarterly team meetings.	All team members should be aware of the actions the practice needs to undertake.	Evidence of an up-to-date action plan.	
10	**The practice takes measures to avoid water wastage.**	The practice takes measures to minimise water wastage, for example through: -The installation of water saving devices such as low flow taps, toilets and fixtures -The regular inspection and repair of water pipes to reduce leakages.			
10	**The practice reduces the number of face to face appointments by combining appointments into one single visit.**	This refers to clients coming into the practice rather than team members going out to see clients.	All team members should follow the guidelines on combining appointments.		
10	**The practice has undertaken an employee travel survey around commuting within the past year.**	A travel survey is a good way of engaging team members to think about their travel habits. The results of the travel survey should also be disseminated to all team members at the practice.	Team members take part in the travel survey.	Travel survey analysis and feedback.	

10	**The practice has a sustainable travel policy.**	The sustainable travel policy is an opportunity to outline how the practice might reduce unnecessary travel and promote sustainable travel options including: -How veterinary practices will inform its team members and clients about travel options to the veterinary practice, including active transport routes and public transport. This could be provided to team members in induction packs and be part of the welcome pack for clients. -How the practice encourages the use of sustainable travel options for team members travelling to conferences, meetings, external events and CPD. This could also include consideration of virtual vs face to face where appropriate and where the quality of the delegate experience is not unduly compromised. -How travel to routine appointments is planned to reduce mileage. For further guidance see: Driving Tips for (Ecologically) Driven Vets - Fourth Sustainability Tip for Practices | British Equine Veterinary Association (beva.org.uk)		Travel policy.	CSH: moved from GP to awards during working group meeting 23/03/22.
20	**Some of the practice's fleet are low carbon vehicles.**	The practice has either switched at least one of its fleet vehicles to a low carbon alternative or has a written policy demonstrating that when procuring new vehicles, the practice will only procure low carbon vehicles. Low carbon vehicles include all electric, hybrid and hydrogen.			
10	**The practice can demonstrate evidence of consolidating its orders and deliveries.**	Practices should focus on consolidating its orders and deliveries from pet food, toys, PPE, etc. Veterinary groups with practices in the same geographical location could ensure they all get deliveries from the same supplier on the same day.			
20	**The practice can demonstrate measures they have implemented to reduce waste.**	Completed projects could be included in the action plan.			CSH: existing requirement that was split into two requirements as decided at

					meeting 23/03/22. (see below requirement also)
10	**The practice can demonstrate evidence of waste reduction.** *This is an existing requirement 16.5.42 that has been split into two (see above requirement)*	Examples of this could include the practice tracking and measuring its domestic waste, as well as its recycling waste and clinical waste.		Comparison of annual waste reduction.	CSH: existing requirement that was split into two requirements as decided at working group meeting 23/03/22.
10	**The practice uses reusable sharps bins.**	Switching to reusable sharps containers reduces greenhouse gas emissions associated with manufacturing, transportation and packaging of new containers whilst reducing single-use plastic. See the NHS reusable vs disposable sharps case study: Before/after intervention study to determine impact on life-cycle carbon footprint of converting from single-use to reusable sharps containers in 40 UK NHS trusts | BMJ Open			
30	**The practice takes active steps to reduce medicine over prescribing.**	Practices should be following clinical guidelines. Examples could include: -The practice policy on dispensing addresses overprescribing/overstocking. -The use of BSAVA no antibiotic required 'non prescription' form and practice poster. Or the use of BEVA non prescription forms (No antibiotic prescription form.pdf (beva.org.uk)) -Worm egg counts are conducted in house. -Kennel cough protocol.			CSH: Discussed in working group meeting 23/03/22 that not too many examples should be included and instead leave it up to practices to decide how they can achieve this.

		-Following up with clients that medication has been given.			
20	**The practice minimises drug wastage.**	Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result in an increase in greenhouse gas emissions. Practices should review their medicine order habits and look to at reducing/consolidating their medicine deliveries. There are systems utilised to minimise waste e.g., identification of short dated stock, centrally held stock for cars, active management of stock held in vehicles			
10	**The practice can demonstrate it has considered the environmental sustainability of its products.**	Examples could include: -Practices changing a product to a more sustainable product. -Reviewing the sustainability credentials of some of its products e.g. pet food -Highlighting to suppliers where packaging is excessive or non-recyclable encourages change.			
10	**Where clinically appropriate, the practice avoids single use items.**	This could include switching from disposable to reusable; gowns, drapes, hats and/or equipment. Reusable gowns and drapes sustainability benefits evidence paper: A comparison of reusable and disposable perioperative textiles: sustainability state-of-the-art 2012 - PubMed (nih.gov) Reusable gowns and drapes clinical benefits evidence paper: Disposable versus reusable medical gowns: A performance comparison - PubMed (nih.gov) NHS case study: switching from disposable to reusable gowns in surgery Introducing team 5 of the Green Surgery Challenge | Centre for Sustainable Healthcare RCVS Knowledge: reducing-veterinary-waste.pdf			CSH: wording changed slightly during working group meeting 23/03/22. Group to check with RCVS knowledge about reusable gowns/drapes etc.
20	**The practice can demonstrate that part**	Review the practice's current processes to see which already run paperless and which could be run paperless.	According to client preference		

	of their business runs paperless.				
10	**The practice has integrated sustainability into quality improvement.**	Sustainability in Quality Improvement (SusQI) is an approach to improving healthcare in a holistic way. It measures health outcomes of a service against its environmental, social and economic costs and impacts to determine its 'sustainable value'. SusQI embeds the Centre for Sustainable Healthcare (CSH) principles of sustainable clinical practice: prevention, patient empowerment and self-care, lean clinical pathways and low carbon alternatives. We can improve the sustainability of a procedure/clinical pathway by: ● Improving preventative steps that can be taken to avoid the procedure in the first place ● Offering support which will help the owner of the animal to improve the care they can provide themselves ● Reviewing all the steps carried out while implementing a procedure. Are there any unnecessary steps? For example, do we take blood without using the results of the blood test. Undertaking a clinical audit might highlight unnecessary resource use or opportunities for lean clinical pathways. ● Reviewing the resources used to carry out the procedure. Are there resources used though not needed, e.g. does the surgical pack include items which are no used by most veterinary surgeons? Are there more sustainable options to the resources we use? E.g. can we use reusable scissors instead of disposable ones? Assessors will expect to see evidence of SusQI activities. SusQi explained in a short video: Sustainability in Quality Improvement (SusQI) explained - YouTube SusQi website and resources: Home | Sustainable Quality Improvement (susqi.org)			

		Link to CSH Green Surgery challenge case studies: Green Surgery Challenge | Centre for Sustainable Healthcare			
40	**The practice actively promotes biodiversity onsite or in the local community.**	Biodiversity plays an important role in sustainability. Examples could include planting trees onsite, wildflower meadows, hanging bird boxes/bird food or join the bee friendly practice scheme (https://britishbeevets.com/how-to-get-involved/) Where practices do not have access to land, examples could include window boxes, insect houses, hanging baskets. Examples could also include community involvement projects such as beach cleans or litter picking in parks.		Evidence of how the practice is promoting biodiversity.	
20	**At least one current team member in the practice must have undergone sustainability training.**	This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.		Proof of environmental sustainability training.	
10	**The practice team has been trained in sustainability.**	Team members that receive the training must ensure that the knowledge is transferred to other members of the practice team. There is evidence that the information from training and sustainability initiatives is disseminated to the whole team. This may be via dedicated team meetings, events, including sustainability on practice meeting agenda, sharing knowledge from sustainability CPD.	It should be evident in discussion that all team members are aware of their role in improving the sustainability of the practice.		
20	**Sustainable veterinary topics are regularly promoted to clients and the public.**	Sustainability topics could be featured in practice newsletters or via social media posts.		Evidence of promoted topics.	

Farm

Farm - CORE

Requirements	Guidance notes (including why this links to sustainability)	Documents	Justification for why the requirement should sit in core
The practice has a written environmental sustainability policy. *This is an GP existing requirement 16.2.11*	This should include a recycling and waste reduction plan. An environmental sustainability policy demonstrates a practice and its senior management's commitment to reducing its environmental impact whilst giving team members a backdrop to start making sustainability changes. The practice must share its sustainability policy with its team and should make it accessible to clients e.g., via their website. For guidance on producing a sustainability policy see: Environmental policy: Is this something we should have? (bva.co.uk)	Sustainability policy	Existing requirement at GP level, however it should be moved from GP to core because of Code of Conduct section 6.1 – "must consider the impact of their actions on the environment". This requirement demonstrates the practice's commitment to environmental sustainability. A policy should guide the practice's decision-making and allow outcomes to be assessed. Additional guidance notes added in blue.
The practice must have a policy for how they segregate, store, and dispose of all forms of waste. *Already an existing requirement 14.1.33*	Team training: - Team members should be able to describe how they handle different forms of waste Storage: - Adequate waste receptacles should be used to allow immediate disposal of hazardous items - Full containers should be stored in hygienic conditions and be clearly identified	Contract with waste contractor and waste policy	Existing core requirement. This requirement ensures that the waste management hierarchy is followed, and current waste legislation is adhered to.

	- Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. Recycle appropriate materials: Clinical and domestic waste streams are more costly and carbon intensive than recycling streams. Practices should ensure they have appropriate recycling facilities in place and that they are recycling everything that can be recycled. Appropriate recycling could be facilitated through signage. Assessors will ask to see evidence of: - The current waste pre-acceptance audit should be available https://www.gov.uk/guidance/healthcare-waste-appropriate-measures-for-permitted-facilities/waste-pre-acceptance-acceptance-and-tracking-appropriate-measures https://www.issafe.co.uk/wp-content/uploads/2013/08/Pre-acceptanceWasteAudits1.pdf - A contract with a permitted waste contractor(s) Contract with waste contractor and waste policy. Waste consignment notes. - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years) For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: https://www.rcvs.org.uk/bva-vet-waste. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information		

Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations. *This is an existing requirement 14.1.19*	The manufacturing and delivery of equipment contributes to greenhouse gas emissions. Servicing and maintaining equipment regularly increases its lifespan/makes it last longer. Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers. Frequency of servicing is determined by the manufacturer or a competent person's recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.	Protocols for maintenance of instruments	Existing core requirement. Additional guidance notes added (in blue) highlighting the link with environmental sustainability.
A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use. *This is an existing requirement but has been split into two (see below) - Medicine 8.1.28* Requirement to be adapted to include ectoparasiticides once guidance from VMD is published.	The development and spread of antimicrobial resistance are a global public health problem that is affected by use of these medicinal products in both humans and animals. Vets play a key role in preserving the efficiency of these medicines. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan. The BSAVA also provides advice on the responsible use of antimicrobials: https://www.rcvs.org.uk/bsava-amr.		Existing core requirement. This requirement already has a strong link with sustainability and should be included in the module. CSH: This has been split into two as discussed 23/03/22 with working group, see below requirement.

	RUMA -Home - Responsible Use of Medicines in Agriculture Alliance (ruma.org.uk), Farm Vet Champions: Farm Vet Champions - RCVS Knowledge Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to team members.		
A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use. New requirement	Endoparasiticides are linked to various environmental concerns such as the development of resistance. In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members. https://www.esccap.org/guidelines/		CSH: This has been split into two as discussed 23/03/22 with working group, see above requirement. Farm animal specific resources required
A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use. *New requirement.*	Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. For example, a recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect). (Guidance from VMD to be added when available)		CSH: This requirement has been added as discussed at PSG 13/04/2022. VMD-led UK Equine Anthelmintic Stakeholder group are proposing to produce Best Practice Guidelines for parasite control and anthelmintic use, but not available yet - should be added once the guidelines are published.
There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with current legislation.	Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result an increase in greenhouse gas emissions. Efficient stock control can reduce medicine wastage. Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.		Existing core requirement. Additional guidance notes added (in blue) highlighting the link with environmental sustainability.

This is an existing requirement: medicines 8.1.9			
Medicines should be disposed of in accordance with current legislation. *This is an existing requirement medicines 8.1.11*	Improper disposal of medicines causes environmental damage such as ecotoxicity. Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include: - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded - A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: https://www.rcvs.org.uk/cdlos A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity. A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so.		Existing core requirement. Additional guidance notes added (in blue) highlighting the link with environmental sustainability.

	Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV guidance https://www.rcvs.org.uk/t28.		

Farm - GP

Requirements	Guidance notes	Documents	Comments
The practice has appointed a sustainability champion or created a sustainability team.	Evidence could be a nominated sustainability champion which is included in the sustainability policy. For solo vets having a written sustainability policy could be enough evidence.	Name of designated person(s).	
The practice must have a system in place for team members to suggest sustainability ideas and improvements.	Veterinary surgeons, nurses and team members in practices are best placed to make sustainability improvements within their own practices. The practice should encourage all team members to identify areas which could be improved or considered for improvement. This could be through raising suggestions via the sustainability team/sustainability champion, having a sustainability suggestions board/box for team members, a page on the practice website or adding it to the agenda of team meetings. Assessors will want to see evidence of a suggestions board/box for team members, team meeting agenda, a page on the practice website etc, and will talk to team	Record of suggestions and actions as a result.	

Requirements	Guidance notes	Documents	Comments
	members to understand how they raise sustainability improvement ideas at their practice.		
The practice communicates its sustainability achievements to its clients.	Information could be provided on the practice website, in the client welcome pack, via social media or on waiting room displays.	Evidence of sustainability achievements being communicated.	
Routine appointments to and for clients are planned to reduce mileage.	Where possible, appointments in the same area are arranged on the same day to reduce mileage and save greenhouse gas emissions. Assessors will talk to team members to understand how routine appointments are planned.		
The area immediately surrounding the premises must be maintained in a clean and tidy state and should not negatively impact the environment. *Existing requirement 15.2.1 but with an additional sustainability element (in blue).*	Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.		
The practice advises clients to return unused medications to the practice for appropriate safe disposal.	Flushing medicines, pouring them down the sink or disposing of them via landfill (black bin) poses a risk to the environment.		

Requirements	Guidance notes	Documents	Comments
The practice demonstrates that they employ techniques to minimise anaesthetic gas usage.	Anaesthetic gases have a high environmental impact. Example techniques could include: -The practice considers using local and regional anaesthetic where appropriate. -The practice is optimising the flow rate. -The practice is phasing out Nitrous Oxide -Practices regularly review their GA plan. -Partial Intravenous Anaesthesia (PIVA) / Total Intravenous Anaesthesia (TIVA) Case study from Davies Veterinary Specialists: Reducing anaesthetic gas for environmental benefit - Davies Veterinary Specialists (vetspecialists.co.uk)		
The practice provides resources on preventative healthcare.	Reducing the demand for healthcare through prevention will reduce the greenhouse gas emissions associated with healthcare. Examples could include: providing a page on the website with resources on preventative healthcare; diabetes clinics, vaccinations, 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.		
The practice undertakes a waste survey at least annually and can demonstrate that the results are analysed and, where appropriate, action has been taken as a result.	Clinical and domestic waste streams are more costly and carbon intensive than recycling streams. Carrying out a waste survey helps practices analyse their waste streams and ensures correct waste segregation. It also enables practices to identify items that are being thrown away frequently and highlights opportunities for reducing this item or swapping this item for reusables. How to conduct a waste survey (example):	Evidence a survey was undertaken	A waste survey allows practices to identify whether they are following the waste hierarchy as best they are able. It should also allow practice teams to check that they are following their waste management policy.

Requirements	Guidance notes	Documents	Comments
	1. Review your practices waste facilities - do you have enough recycling bins? Are bins labelled with what can/can't be disposed of. 2. Domestic and recycling waste streams: wear appropriate PPE and have a look through the bins. Record the type of waste within them and identify the types of waste you have most and least of. Is there waste in the domestic bins that could be recycled? What is the most commonly disposed item? 3. For clinical waste streams, talk to team members to understand what they are disposing of and ensure they are not putting anything into clinical waste streams that could go into domestic or recycling bins. Use your results to take action on improving waste segregation and/or reducing waste.		

Farm - AWARDS

Total points available: 470

Outstanding (80%): 370

Good (60%): 280

Points	Requirements	Guidance notes (including why this links to sustainability)	Behaviours	Documents	Comments
10	**The practice has joined a sustainability network.**	At least one current team member from the practice has joined a sustainability network. Understanding sustainable best practice and sharing ideas between practices is key if the veterinary sector is to become more sustainable and reduce its impact on the environment.	At least one current team member regularly checks the sustainability network.		

		Veterinary professionals must work together to find solutions - collaboration is key. Example networks: Vet Sustain Facebook group, Vet Sustain mailing list for the monthly newsletter, Sustainable Vet Nurse Facebook group, zero waste veterinary Facebook group, The Centre for Sustainable Healthcare's sustainable operating theatres network or any other group with sustainability as its focus.			
20	**The practice regularly shares the information learned through a sustainability network with the rest of the practice.**	Team members share ideas on sustainable best practice with the team. This could be at team meetings, via emails, intranet pages, or social media groups which could serve as evidence for the assessors.	The practice updates team members regularly.		
10	**The practice has a system in place for clients to suggest sustainability ideas and improvements.**	By engaging the local community in discussions about sustainability, the practice's efforts can be more far reaching. Examples could include a sustainability suggestion box in reception, a sustainability question added to a feedback form or a section on the website.	One team member to check monthly to see if sustainability ideas have been suggested by clients.	Record of suggestions and actions	
10	**The practice measures and monitors its annual energy consumption.**	Understanding your practice's energy consumption is crucial to identifying opportunities for reduction - you can't manage what you don't measure. The data should be collected on a document and include: - Month of consumption - Electricity consumption recorded in kWh - Energy use for hot water and heating recorded in kWh Energy consumption data for your practice can be found on invoices. If your practice is located in a building owned by another company such as a pet shop, you can estimate your energy consumption based on the m2 of your practice space. To do this you'll need to know the annual energy consumption in kWh for the		Record of annual energy consumption or annual meter readings or copy of energy invoices.	

		whole premises, floor space of the premises in m2, and the floor space of your practice area in m2. Divide the annual kWh by the total m2 of the whole premises, this will give you kWh per m2. Finally, multiply this figure by the floor space of your practice. If there are different vet companies using the same space at different time you would also need to calculate the energy usage per hour.			
10	**The practice has undertaken an energy saving project over the last PSS reporting period.**	Examples could include: Carrying out a 'switch off campaign' to ensure everything that can be switched off at the end of the day, is. A lot of energy is wasted when lights and equipment such as AC units are left on unnecessarily or overnight. Installing LED lights. Switching inefficient bulbs to LEDs helps lower electricity bills and Greenhouse Gas emissions. Every traditional halogen bulb replaced with an LED saves £2-3 and 5 kgCO2e per year. Installing motion sensing light controls where appropriate. Upgrading inefficient equipment.	All team members understand and if appropriate contribute to the energy saving project.		
10	**The practice uses a green electricity supplier.**	Review your practice's current electricity contract and supplier. If you are on a standard tariff, switch to a renewable tariff or switch to a supplier who produces renewable electricity.		Electricity contract or copy of green electricity certificate (REGO).	
10	**The practice generates some of its own electricity through onsite renewables.**	Examples could include solar panels and wind turbines, investment in a local hydroelectric power scheme.		Amount of electricity generated.	
10	**The practice uses sustainable technologies to provide some of its**	Examples could include ground source heat pumps, air source heat pumps, solar hot water, biogas.			

	heating and hot water.				
20	**The practice measures its scope 1 and 2 carbon footprint.**	Scope 1 emissions include: fuels used for heating and hot water, anaesthetic gases, petrol/diesel used for fleet vehicles. Scope 2 emissions include: electricity purchased from the grid. Carbon emission factors from the Department for Business, Energy and Industrial Strategy (BEIS) can be used to calculate the carbon emissions associated with scopes 1 and 2: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk) See resource list for further information and guidance.	All team members understand their practice's carbon hotspots.	Record of scope 1 and 2 carbon footprint calculation.	
10	**The practice sets an annual carbon reduction target (for scopes 1 and 2), and it has been met each year.**	The UK has committed to a legally binding target of net zero emissions by 2050. For this target to be met, all organisations must play their part in reducing their carbon footprint. Step 1: calculate your practices scope 1 and 2 annual carbon footprint. This could be for the previous year or a year you have the most available data for (see above requirement for how to calculate this and resource list for further information). Step 2: once you have measured your annual scope 1 and 2 carbon footprint, review this to understand your practices carbon hotspots. What is your practice's largest contributor to your carbon footprint? Identifying carbon hotspots will help you to understand the potential scale of the target you could achieve. Reducing carbon emissions can be done by either decarbonising sources (e.g., renewable energy generation or electric vehicles) or by reducing consumption of carbon sources (e.g., reducing energy consumption or reducing volatile anaesthetic gases). Can you start to identify opportunities for reduction? Step 3: set a carbon reduction target which you think is achievable (e.g., 5% or 10%). To find out if you have met your target at the end of the year, measure and review your new annual carbon footprint and compare with the previous years.		Evidence a target has been set and records showing comparison of annual energy consumption.	CSH: Wording changes slightly in working group meeting 13/04/22

		You might want to include Key Performance Indicators (KPIs) such as carbon footprint per m2 or carbon footprint per animal treated. If you have increased the size of your practice or number of clients, KPIs can take this into account. For example, your carbon footprint could increase if you increase the size of your practice but might have decreased overall when you look at carbon footprint per m2. KPIs can be calculated by dividing your practice's carbon footprint by either the size of your practice (in m2) or by the number of animals treated last year.			
10	**The practice measures its scope 3 carbon footprint.**	Scope 3 emissions include: water, waste, staff commuting and business travel (non-fleet), procurement, Well-to-Tank and transmission and distribution losses. For water, waste, well-to-tank/transmission and distribution and staff commuting use latest Department for Business, Energy and Industrial Strategy (BEIS) emission factors: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk) For business travel and procurement use [*CSH to copy in link once database has been uploaded to CSH networks*].	All team members understand their practices scope 3 carbon hotspots.	Record of scope 3 carbon footprint calculation .	
20	**The practice has developed an action plan which will be reviewed and updated at regular interval (at least annually).**	An action plan should detail all of the sustainability initiatives you're currently working on, planning for the future, or have already completed. The action plan should be a 'live' document that is regularly updated with new actions and progress on ongoing actions and should include: - The person/persons responsible for completing the action - The status of each action e.g., completed, ongoing, not started The action plan could be discussed at quarterly team meetings.	All team members should be aware of the actions the practice needs to undertake.	Evidence of an up-to-date action plan.	
10	**The practice takes measures to avoid water wastage.**	The practice takes measures to minimise water wastage, for example through: -The installation of water saving devices such as low flow taps, toilets and fixtures -The regular inspection and repair of water pipes to reduce leakages.			
10	**The practice reduces the number of face to face appointments by combining**	This refers to clients coming into the practice rather than team members going out to see clients.	All team members should follow the guidelines		

	appointments into one single visit.		on combining appointments .		
10	**The practice has undertaken an employee travel survey around commuting within the past year.**	A travel survey is a good way of engaging team members to think about their travel habits. The results of the travel survey should also be disseminated to team members at the practice.	Team members take part in the travel survey	Travel survey analysis and feedback.	
10	**The practice has a sustainable travel policy.**	The sustainable travel policy is an opportunity to outline how the practice might reduce unnecessary travel and promote sustainable travel options including: -How veterinary practices will inform its team members and clients about travel options to the veterinary practice, including active transport routes and public transport. This could be provided to team members in induction packs and be part of the welcome pack for clients. -How the practice encourages the use of sustainable travel options for team members travelling to conferences, meetings, external events and CPD. This could also include consideration of virtual vs face to face where appropriate and where the quality of the delegate experience is not unduly compromised. -How travel to routine appointments is planned to reduce mileage. For further guidance see: Driving Tips for (Ecologically) Driven Vets - Fourth Sustainability Tip for Practices | British Equine Veterinary Association (beva.org.uk)		Travel policy.	CSH: moved from GP to awards during working group meeting 23/03/22.
20	**Some of the practice's fleet are low carbon vehicles.**	The practice has either switched at least one of its fleet vehicles to a low carbon alternative or has a written policy demonstrating that when procuring new vehicles, the practice will only procure low carbon vehicles. Low carbon vehicles include all electric, hybrid and hydrogen.			
10	**The practice can demonstrate evidence of consolidating its orders and deliveries.**	Practices should focus on consolidating its orders and deliveries from pet food, toys, PPE, etc.			

		Veterinary groups with practices in the same geographical location could ensure they all get deliveries from the same supplier on the same day.			
20	**The practice can demonstrate measures they have implemented to reduce waste.**	Completed projects could be included in the action plan.			CSH: existing requirement that was split into two requirements as decided at meeting 23/03/22. (see below requirement also)
10	**The practice can demonstrate evidence of waste reduction.** *This is an existing requirement 16.5.42 that has been split into two (see above requirement)*	Examples of this could include the practice tracking and measuring its domestic waste, as well as its recycling waste and clinical waste.		Comparison of annual waste reduction.	CSH: existing requirement that was split into two requirements as decided at working group meeting 23/03/22.
10	**The practice uses reusable sharps bins.**	Switching to reusable sharps containers reduces greenhouse gas emissions associated with manufacturing, transportation and packaging of new containers whilst reducing single-use plastic. See the NHS reusable vs disposable sharps case study: Before/after intervention study to determine impact on life-cycle carbon footprint of converting from single-use to reusable sharps containers in 40 UK NHS trusts | BMJ Open			
30	**The practice takes active steps to reduce medicine over prescribing.**	Practices should be following clinical guidelines. Examples could include: -The practice policy on dispensing addresses overprescribing/overstocking. -The use of BSAVA no antibiotic required 'non prescription' form and practice poster. Or the use of BEVA non prescription forms (No antibiotic prescription form.pdf (beva.org.uk)) -Farm vet champion in practice.			CSH: Discussed in working group meeting 23/03/22 that not too many examples should be included and instead leave it up to practices to decide how they can achieve this.

		-Kennel cough protocol. -Following up with clients that medication has been given.			
20	**The practice minimises drug wastage.**	Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result in an increase in greenhouse gas emissions. Practices should review their medicine order habits and look to at reducing/consolidating their medicine deliveries. There are systems utilised to minimise waste e.g., identification of short dated stock, centrally held stock for cars, active management of stock held in vehicles			
10	**The practice can demonstrate it has considered the environmental sustainability of its products.**	Examples could include: -Practices changing a product to a more sustainable product. -Reviewing the sustainability credentials of some of its products e.g. pet food -Highlighting to suppliers where packaging is excessive or non-recyclable encourages change.			
10	**Where clinically appropriate, the practice avoids single use items.**	This could include switching from disposable to reusable; gowns, drapes, hats and/or equipment. Reusable gowns and drapes sustainability benefits evidence paper: A comparison of reusable and disposable perioperative textiles: sustainability state-of-the-art 2012 - PubMed (nih.gov) Reusable gowns and drapes clinical benefits evidence paper: Disposable versus reusable medical gowns: A performance comparison - PubMed (nih.gov) NHS case study: switching from disposable to reusable gowns in surgery Introducing team 5 of the Green Surgery Challenge | Centre for Sustainable Healthcare RCVS Knowledge: reducing-veterinary-waste.pdf			CSH: wording changed slightly during working group meeting 23/03/22. Group to check with RCVS knowledge about reusable gowns/drapes etc.

20	**The practice can demonstrate that part of their business runs paperless.**	Review the practice's current processes to see which already run paperless and which could be run paperless.	According to client preference		
10	**The practice has integrated sustainability into quality improvement.**	Sustainability in Quality Improvement (SusQI) is an approach to improving healthcare in a holistic way. It measures health outcomes of a service against its environmental, social and economic costs and impacts to determine its 'sustainable value'. SusQI embeds the Centre for Sustainable Healthcare (CSH) principles of sustainable clinical practice: prevention, patient empowerment and self-care, lean clinical pathways and low carbon alternatives. We can improve the sustainability of a procedure/clinical pathway by: ● Improving preventative steps that can be taken to avoid the procedure in the first place ● Offering support which will help the owner of the animal to improve the care they can provide themselves ● Reviewing all the steps carried out while implementing a procedure. Are there any unnecessary steps? For example, do we take blood without using the results of the blood test. Undertaking a clinical audit might highlight unnecessary resource use or opportunities for lean clinical pathways. ● Reviewing the resources used to carry out the procedure. Are there resources used though not needed, e.g. does the surgical pack include items which are no used by most veterinary surgeons? Are there more sustainable options to the resources we use? E.g. can we use reusable scissors instead of disposable ones? Assessors will expect to see evidence of SusQI activities. SusQi explained in a short video: Sustainability in Quality Improvement (SusQI) explained - YouTube SusQi website and resources: Home | Sustainable Quality Improvement (susqi.org)			

		Link to CSH Green Surgery challenge case studies: Green Surgery Challenge | Centre for Sustainable Healthcare			
40	**The practice actively promotes biodiversity onsite or in the local community.**	Biodiversity plays an important role in sustainability. Examples could include planting trees onsite, wildflower meadows, hanging bird boxes/bird food or join the bee friendly practice scheme (https://britishbeevets.com/how-to-get-involved/) Where practices do not have access to land, examples could include window boxes, insect houses, hanging baskets. Examples could also include community involvement projects such as beach cleans or litter picking in parks.		Evidence of how the practice is promoting biodiversity.	
20	**At least one current team member in the practice must have undergone sustainability training.**	This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.		Proof of environmental sustainability training.	
10	**The practice team has been trained in sustainability.**	Team members that receive the training must ensure that the knowledge is transferred to other members of the practice team. There is evidence that the information from training and sustainability initiatives is disseminated to the whole team. This may be via dedicated team meetings, events, including sustainability on practice meeting agenda, sharing knowledge from sustainability CPD.	It should be evident in discussion that all team members are aware of their role in improving the sustainability of the practice.		
20	**Sustainable veterinary topics are regularly promoted to clients and the public.**	Sustainability topics could be featured in practice newsletters or via social media posts.		Evidence of promoted topics.	
20	**The practice provides training events on key sustainability topics to**				

	enable farmers to develop their skills in sustainable farming practices.				

Core Standards

1. **MOVED LEVEL -** The practice has a written environmental sustainability policy.
2. **EXISTING -** The practice must have a policy for how they segregate, store, and dispose of all forms of waste.
3. **EXISTING -** Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.
4. **EXISTING -** A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use.
5. **NEW -** A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.
6. **NEW** - A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.
7. **EXISTING -** There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with current legislation.
8. **EXISTING -** Medicines should be disposed of in accordance with current legislation.

General Practice

1. **NEW -** The practice has appointed a sustainability champion *or* created a sustainability team.
2. **NEW -** The practice must have a system in place for team members to suggest sustainability ideas and improvements.
3. **NEW -** The practice communicates its sustainability achievements to its clients.
4. **NEW -** Routine appointments to and for clients are planned to reduce mileage.
5. **EXISTING -** The area immediately surrounding the premises must be maintained in a clean and tidy state and should not negatively impact the environment.
6. **NEW -** The practice advises clients to return unused medications to the practice for appropriate safe disposal.
7. **NEW -** The practice demonstrates that they employ techniques to minimise anaesthetic gas usage.
8. **NEW -** The practice provides resources on preventative healthcare.
9. **EXISTING -** Original diagnostic images should be retained for an appropriate period.
10. **NEW -** The practice undertakes a waste survey at least annually and can demonstrate that the results are analysed and, where appropriate, action has been taken as a result.

AWARDS (ALL NEW)

1. The practice has joined a sustainability network.
2. The practice regularly shares the information learned through a sustainability network with the rest of the practice.
3. The practice has a system in place for clients to suggest sustainability ideas and improvements.
4. The practice measures and monitors its annual energy consumption.
5. The practice has undertaken an energy saving project over the last PSS reporting period.
6. The practice uses a green electricity supplier.
7. The practice generates some of its own electricity through onsite renewables.
8. The practice uses sustainable technologies to provide some of its heating and hot water.
9. The practice measures its scope 1 and 2 carbon footprint.
10. The practice sets an annual carbon reduction target (for scopes 1 and 2), and it has been met each year.
11. The practice measures its scope 3 carbon footprint.
12. The practice has developed an action plan which will be reviewed and updated at regular intervals (at least annually).
13. The practice takes measures to avoid water wastage.

14. The practice reduces the number of face to face appointments by combining appointments into one single visit.
15. The practice has undertaken an employee travel survey around commuting within the past year.
16. The practice has a sustainable travel policy.
17. Some of the practice's fleet are low carbon vehicles.
18. **(NOT EQ OR FA)** The practice has a salary sacrifice scheme for bikes or electric cars.
19. The practice can demonstrate evidence of consolidating its orders and deliveries.
20. The practice can demonstrate measures they have implemented to reduce waste.
21. The practice can demonstrate evidence of waste reduction.
22. The practice uses reusable sharps bins.
23. The practice takes active steps to reduce medicine over prescribing.
24. The practice minimises drug wastage.
25. The practice can demonstrate it has considered the environmental sustainability of its products.
26. Where clinically appropriate, the practice avoids single use items.
27. The practice can demonstrate that part of their business runs paperless.
28. The practice has integrated sustainability into quality improvement.
29. The practice actively promotes biodiversity onsite or in the local community.
30. At least one current team member in the practice must have undergone sustainability training.
31. The practice team has been trained in sustainability.
32. Sustainable veterinary topics are regularly promoted to clients and the public.

Blue text = new wording for existing requirement

Proposed changes to PSS social sustainability requirements

Module		Client Experience	
Index number	**Requirements**	**Current guidance notes wording**	**Proposed guidance notes additions/changes (additions / changes in bold)**
SA / FA / EQ 3.1.1	The practice must have effective means of communication	The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business to include, for example: • Surgery opening times • Normal consulting hours operating times • Fee or charging structures • Procedures for second opinions and referrals • Use of client data • Access to and ownership of records - The practice's privacy policy notice to include, for example: • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so • The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) The data subjects rights and any relevant information needed to lodge a complaint with the Information Commissioners Office	**Update guidance notes (additions in bold):** **Where requested practices must provide information in alternative formats to accommodate disability, neurodiversity and learning differences. Consideration should be given to font size and colours used. Web pages should be presented in an accessible format and written in plain English.** **See guidance on accessible communication formats:** **https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats** **https://www.gov.uk/service-manual/helping-people-to-use-your-service/making-your-service-accessible-an-introduction** **https://www.gov.uk/service-manual/helping-people-to-use-your-service/understanding-wcag** **Home - UK Association for Accessible formats (ukaaf.org)** **https://siteimprove.com/en-gb/accessibility/uk-accessibility-laws/** **Assessors will want to see evidence of this provided through web links to practice information or in the form of document upload.** **Information should be available in a way that demonstrates awareness of the community which the practice serves. This may include providing key information in a different language(s), especially where the practice is located in an area with a high ethnic diversity. Language apps can help with this. Local councils may have access to interpretation and translation services. There are also companies who specialise in providing**

		Evidence could include client information leaflets, newsletters, emails to clients and reminders. This information should be displayed on the website, provided to new clients and displayed in the surgery. In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see https://www.rcvs.org.uk/ico-lawful-basis). Where the lawful basis relied upon is consent, practices should ensure that communications are only sent where (a) the client has given clear and specific consent, and (b) they were given the opportunity to opt out of email marketing at the time their email address was collected, and each time an email is sent. Consent should be freely given and there should be a specific opt-in by the client. It is not acceptable to rely on a pre-ticked box or infer consent from silence. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent. For further information please refer to: https://www.rcvs.org.uk/gdpr.	**these services for the healthcare sector, the police and government agencies (see list of resources below).** **For list of resources and services see:** **Resource link to be produced by RCVS APC Team and link inserted when available** **Information about disabled access to buildings and facilities should be provided on the practice website.** **Assessors will want to see evidence of this, for example, provided through web links to practice information or in the form of document upload.**
Module		**Practice Team**	
Index number	**Requirements**	**Current guidance notes wording**	**Proposed guidance notes additions/changes**
SA 16.1.10, FA 14.1.9, EQ 15.1.10	Team members understand the practice's responsibilities to their employees, potential employees, clients and external parties under the Equality Act 2010 and how it impacts their role in the practice.	See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. Assessors will ask to see the policy and will want to speak to the management and team members about the policy and how it is implemented. The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions).	**Update guidance notes (additions in bold):** See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. **See also the Equality and Human Rights Commission: https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-employers** **The practice should develop a written EDI Policy which all employees are made aware of as part of their induction. This should cover staff, external parties and clients. This**

		The practice should demonstrate a commitment to diversity and that is has taken steps, where possible, to recruit a diverse workforce. The practice should demonstrate a zero-tolerance approach to discrimination and harassment. The practice should communicate clearly in adverts and interviews that it values staff mental health, as this sends a strong signal that disclosure will not lead to discrimination. For example, the practice could include a statement such as: 'As an employer, we are committed to promoting and protecting the physical and mental health of all our staff.'	**should be made available on the staff intranet and practice website and displayed in prominent areas on the premises.** Assessors will ask to see the policy and will want to speak to the management and team members about the policy and how it is implemented. For guidance on producing an EDI policy, see: https://www.acas.org.uk/improving-equality-diversity-and-inclusion/making-your-workplace-inclusive and https://www.acas.org.uk/equality-policy-template **Employees should understand the importance of treating clients and colleagues with dignity and respect, regardless of protected characteristics or other personal differences such as socio-economic status.** The practice should demonstrate a commitment to diversity and that is has taken steps, where possible, to recruit a diverse workforce. **Team members involved with recruitment should be provided with guidance on inclusive recruitment practices. The CIPD provides some useful resources: https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/factsheet#gref and https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity#gref** The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members and potential employees with disabilities (including mental health conditions). **Information and advice is available from the following sources: https://www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty/reasonable-adjustments-a-legal-duty**

			https://www.acas.org.uk/reasonable-adjustments Reasonable adjustments for workers with disabilities or health conditions - GOV.UK (www.gov.uk) https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/duty-to-make-reasonable-adjustments-for-disabled-people/ Access to Work factsheet for employers - GOV.UK (www.gov.uk) https://www.equalityhumanrights.com/en/multipage-guide/building-or-other-place-where-services-are-delivered https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/duty-to-make-reasonable-adjustments-for-disabled-people/ Disabled Access to Public Buildings Important Information (goaccess.co.uk) The practice should communicate clearly in adverts and interviews that it values staff mental health, as this sends a strong signal that disclosure will not lead to discrimination. For example, the practice could include a statement such as: 'As an employer, we are committed to promoting and protecting the physical and mental health of all our staff.' **Where possible, the practice should be prepared to make reasonable accommodations for reasons of religious belief where these are requested by employees, including students on EMS placements. This may include the accommodation of religious clothing and articles, where this does not contravene local infection control policies and health and safety regulations, which must take precedence. Requests for time off for religious observances should be considered and granted if this can be reasonably accommodated by the business.**

			A generic guidance document on religious clothing and belief which can be adapted for local use is provided by the RCVS/VSC: **Resource link to be produced by RCVS APC Team and link inserted when available** **See also:** **religion-belief-discrimination-guide.pdf (acas.org.uk)** The practice should demonstrate a zero-tolerance approach to discrimination, harassment and bullying. **The practice should have a system in place to deal with reports of discrimination, harassment and bullying.** **See guidance from the government and ACAS:** **https://www.gov.uk/workplace-bullying-and-harassment** **https://www.acas.org.uk/discrimination-bullying-and-harassment** **https://www.acas.org.uk/handling-a-bullying-harassment discrimination-complaint**
SA 16.5.25, EQ 15.5.25, FA 14.5.24 MOVE FROM AWARDS TO CORE	A protocol is in place to address the management of conflict and bullying in the workplace.	This should include a written policy explicitly stating that the workplace has a zero-tolerance approach to bullying and harassment. Team members can describe a zero-tolerance approach to bullying and harassment in their workplace and know how to recognise and report such behaviours.	**Move requirement from Awards to Core Standards.** **Amend requirement wording to:** The practice should demonstrate a zero-tolerance policy on harassment and bullying in the workplace. This should be stated explicitly as a written policy, with all employees being made aware of this as part of their induction. **Add to guidance notes:** **The policy should define harassment and bullying behaviours and provide clear guidance on what employees should do if they are subjected to or witness behaviour of this nature. The policy should also provide details of the protocol in place to manage instances of harassment and bullying.**

			The policy should be made available on the practice intranet or practice website and displayed in prominent areas on the premises. Assessors will ask to see the policy and evidence of how this implemented.
SA 16.1.24, FA 14.1.24, EQ 15.1.25	Team members understand the fire evacuation protocol and to alert others	Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training. Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.	**Add to guidance notes:** **If a person is unable to leave the building unaided for example, due to impaired mobility, the practice should ensure that they should have their own Personal Emergency Evacuation Plan (PEEP), an individualised plan for employees who may need assistance to evacuate a building or reach a place of safety in the event of an emergency. A PEEP should be in place for someone with an impairment or disability, for example such as:** • **Mobility impairment** • **Sight impairment** • **Hearing impairment** • **Cognitive impairment** • **A medical condition or injury which might cause them to need assistance to evacuate safely.** **The requirement for a PEEP should be considered as part of induction and when there is a long-term change circumstance. A PEEP may be required temporarily, for instance, someone who is using a wheelchair because of a broken leg.** **For further information see:** **https://www.gov.uk/government/publications/fire-safety-risk-assessment-means-of-escape-for-disabled-people/fire-safety-risk-assessment-means-of-escape-for-disabled-people-accessible-version** **Disabled workers - Resources - HSE** **https://www.worksafe.uk.com/emergency-planning-for-employees-with-a-**

			disabillity/#:~:text=Under%20current%20fire%20safety%20legislation,plan%20or%20PEEP%20is%20require **Assessors will ask to see any PEEPs drawn up for employees by the practice.**
SA 16.2.7	Line managers should have clear guidance on how to deal with mental health issues in the workplace.	Any internal training / induction for new line managers explicitly addresses mental health in the workplace. All team members with line management responsibility should have undertaken some form of training on mental health awareness. Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage, especially with regards to the Equality Act. See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios (self-harm, suicidal ideation, psychosis), and these are understood. Managers can describe where they would seek additional advice and guidance on issues around mental health. Advice and guidance is available from Mind (https://www.rcvs.org.uk/mind), ACAS (https://www.rcvs.org.uk/acas), HSE (https://www.rcvs.org.uk/hse-mh*)*, and the RCVS Mind Matters Initiative Managers' training.	Any internal training / induction for new line managers explicitly addresses mental health in the workplace. All team members with line management responsibility should have undertaken some form of training on mental health awareness. Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage, especially with regards to the Equality Act. See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios (self-harm, suicidal ideation, psychosis), and these are understood. Managers can describe where they would seek additional advice and guidance on issues around mental health. **Team members and line managers should be able to describe discriminatory behaviour and understand it's impact on mental health and well-being.** Advice and guidance is available from Mind (https://www.rcvs.org.uk/mind), ACAS (https://www.rcvs.org.uk/acas), HSE (https://www.rcvs.org.uk/hse-mh*)*, and the RCVS Mind Matters Initiative Managers' training.
NEW GP REQUIREMENT	**Requirement** The practice employs positive action statements as part of its recruitment policy, to encourage applications from under-represented groups.		

	Guidance notes Positive action statements can be general or they can focus on a particular characteristic (e.g. disability) to increase applications from this group if representation is low. An example of a general statement could be: 'We are committed to equality of opportunity for all and welcome applicants from diverse backgrounds.' An example of a statement specific to a particular characteristic which is known to be under-represented (in this case race and ethnic diversity) could be: 'We particularly welcome applications from Black, Asian and minority ethnic candidates as they are currently under-represented in our practice'. Positive action can take different forms. Practices are only required to consider the use of positive action statements to meet this requirement. See below for information on the positive action approach. https://www.equalityhumanrights.com/en/advice-and-guidance/employers-what-positive-action-workplace https://www.acas.org.uk/improving-equality-diversity-and-inclusion/making-your-workplace-inclusive Employers: quick start guide to positive action in recruitment and promotion - GOV.UK (www.gov.uk)		

January PSG – Decisions on Standards			
Requirement number	**Accreditation level**	**Current wording**	**New wording**
SA and EQ 3.1.6	Core	There is a written protocol for cremation, destination of ashes etc.	There is a written protocol **outlining how options are discussed and/or information is provided to clients on** cremation, destination of ashes etc."
SA 5.3.5, EQ 5.3.13	Veterinary Hospital	The sole use of self-adhesive labels for the identification of radiographs is not acceptable. Radiographs should be permanently identified at the time of the exposure.	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.
SA 6.4.21	Emergency Service Clinic	All clinical team members must be provided with guidance notes on emergency practice policies before commencement of work. There must be formal evidence of induction of team members at the outset of their employment.	All clinical team members (including new team members and locums) must be provided with written guidelines and protocols for managing the clinical emergencies encountered commonly in the practice. There must be formal evidence of induction of team members at the outset of their employment.
SA 14.1.1	Core	Team members must be adequately trained in animal handling.	Team members must be adequately trained **in species appropriate, stress-free** animal handling **for both animal welfare and human safety**.
SA 8.5.9	Award in In-patient Service and Emergency and Critical Care Service	At least one cage is of the walk-in type or feline equivalent in cat only practices **Guidance notes** Guidance can be found for cat only practices at: https://www.rcvs.org.uk/cfc-facilities	**Guidance notes** For cats, guidance can be found at: https://www.rcvs.org.uk/cfc-facilities. Size of cage would depend on length of stay.
SA 10.3.1, EQ 9.3.1	Veterinary Hospital	At least one team member must have attended an appropriate dispensing course in the last four years. **Guidance notes** This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. BSAVA dispensing course or 5 hours in length if self-study or webinar is undertaken.	**Guidance notes** This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. **A list of dispensing courses that are currently available can be found at:** https://www.rcvs.org.uk/pss-resources

		Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.
SA 16.3.2	Veterinary Hospital	The hospital must have at least two team members with a post-graduate qualification with a small animal component. One of the post-graduate qualifications must have a small animal surgery component. **Guidance notes** This should be on a Full Time Equivalent (FTE) basis.	**Guidance notes** This should be on a Full Time Equivalent (FTE) basis. If the team member(s) with a post-graduate qualification leave the employment of the practice so that the practice is not fulfilling this requirement, the PSS accreditation can be retained as long as the practice is actively recruiting a replacement team member(s) with a post-graduate qualification.
SA 5.2.4, EQ 5.2.4, FA 4.2.3	General Practice	The practice must be visited by a radiation protection adviser (RPA) at least every 4 years who possesses appropriate knowledge and experience relevant to veterinary practice. **Guidance notes** The assessor will expect to see evidence that an RPA (or representative) has visited and inspected the site. All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA.	**Guidance notes** The assessor will expect to see evidence that an RPA (or representative) has visited and inspected the site, **or submitted a written statement confirming the practice remains compliant with IRR17.** All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA.
SA 10.1.11, EQ 9.1.11, FA 8.1.11	Core	Medicines should be disposed of in accordance with the current legislation.	**Add a required document** for "T28 / SEPA certificate". To be uploaded pre-assessment (needs document upload symbol)
SA 10.1.28, EQ 9.1.28, FA 8.1.28	Core	A practice must be able to demonstrate that when using antimicrobials or anthelmintics, it does so responsibly, and is accountable for the choices made in such use.	Add a required document for "Protocol for responsible use of antimicrobials and anthelmintics". To be uploaded pre-assessment (needs document upload symbol)
SA 16.1.35, EQ 15.1.35, FA 14.1.34	Core	Where firearms are stored on the premises and / or used in the course of practice business firearms certificates for each individual using the equipment must be shown	**Add document** upload symbol to required document

SA and EQ page 6			'[Equine] Emergency Service Clinic accreditation reflects the work of a practice that can deal with emergency cases in the field, and that provides a **dedicated** Out of Hours (OOH) service **to other practices**.' '[Small Animal] ESC accreditation reflects the work of a practice that can deal with emergency and critical care cases without an appointment, **and that offers a dedicated Out of Hours (OOH) service**.'
SA 16.1.8, EQ 15.1.8, FA 14.1.8	Core	All professional team members must comply with the RCVS requirements for CPD. …….. Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. This would ideally be recorded using the RCVS online CPD platform, 1CPD (use of the platform will be mandatory from 2022). The assessor will ask to see the CPD records of all the veterinary surgeons and veterinary nurses showing the details of CPD undertaken. This must provide evidence that at least the minimum CPD recommended by the RCVS is being undertaken. For veterinary surgeons, the minimum requirement is 35 hours per calendar year. For registered veterinary nurses the requirement is 15 hours per calendar year. The practice team includes full-time and part-time employees, as well as locums, visiting consultants and others supplying veterinary services on a regular or 'ad hoc' basis. From 1st July 2021 new graduates are expected to complete Veterinary Graduate Development Programme (VetGDP) and be supported by a fully resourced VetGDP adviser. The VetGDP adviser will have completed the RCVS online training package, valid for a 5 year period, and	Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. **From January 2022, it is mandatory that this is recorded** using the RCVS online CPD platform, 1CPD https://onecpd.rcvs.org.uk/login/ **CPD records will be audited by the RCVS Education department via 1CPD.** For veterinary surgeons, the minimum requirement is 35 hours per calendar year. For registered veterinary nurses the requirement is 15 hours per calendar year. The practice team includes full-time and part-time employees, as well as locums, visiting consultants and others supplying veterinary services on a regular or 'ad hoc' basis. New graduates are expected to complete Veterinary Graduate Development Programme (VetGDP) and be supported by a fully resourced VetGDP adviser. The VetGDP adviser will have completed the RCVS online training package, valid for a 5 year period, and engaged with any updates. In order for a practice or workplace to be able to support graduates on the VetGDP they need to be an RCVS-Approved Graduate Development Practice/Workplace and meet the criteria set out in the VetGDP guidance: https://www.rcvs.org.uk/vetgdp-programme-guidance New graduates enrolled on PDP before 1 June 2021 must continue to engage with the Professional Development Phase and be supported by a fully resourced mentor until June 2024.

		engaged with any updates. In order for a practice or workplace to be able to support graduates on the VetGDP they need to be an RCVS-Approved Graduate Development Practice/Workplace and meet the criteria set out in the VetGDP guidance: https://www.rcvs.org.uk/vetgdp-programme-guidance. New graduates enrolled on PDP before 1 June 2021 must continue to engage with the Professional Development Phase and be supported by a fully resourced mentor until June 2024. The PDP mentor should have undergone mentor training and should keep this training up to date by undertaking a one day course given by a course provider (or 5 hours in length if self-study or webinar is undertaken) per year, in any year that the member is mentoring a new graduate. The practice should allow the mentor time to support the new graduate and where possible match working patterns. The PDP participant should be provided with the opportunity to master the Year 1 Skills by having access to relevant cases. The ratio of new graduates to mentor should not exceed 3:1.	The PDP mentor should have undergone mentor training and should keep this training up to date by undertaking a one day course given by a course provider (or 5 hours in length if self-study or webinar is undertaken) per year, in any year that the member is mentoring a new graduate. The practice should allow the mentor time to support the new graduate and where possible match working patterns. The PDP participant should be provided with the opportunity to master the Year 1 Skills by having access to relevant cases. The ratio of new graduates to mentor should not exceed 3:1.
April PSG – Decisions on Standards			
Requirement number	**Accreditation level**	**Current wording**	**New wording**
SA 5.2.3	General Practice	**Guidance Notes** An ultrasound system capable of providing diagnostic quality images of the range of species treated is provided on site.	**Guidance notes** Ultrasound equipment must be provided on site (this must not be shared with other premises) and must, as a minimum, be capable of carrying out diagnostics such as POCUS (point of care ultrasound) for common conditions such as pyometra and free-fluid. There is no minimum specification for the equipment, however assessors may check that equipment is adequate
SA 14.1.5	Core	The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a means of delivering oxygen. **Guidance notes**	**Guidance notes** The source of oxygen can be an oxygen concentrator or an oxygen cylinder (size related to demand). An ambubag may be used as a sufficient

		The delivery methods should include ET tubes	alternative. Suitable methods of delivery include flow by, mask, nasal prongs or oxygen tent' …….. *The Group also agreed to review the stipulation for an ET tube over time and to review what level of oxygen would be acceptable*.
SA 1.3.1 and 6.4.6	Veterinary Hospital Emergency Service Clinic	1.3.1 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). **Guidance notes** Assessors will ask to see patient charts and team member rotas and will speak to team members. 6.4.6 A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times.'	**Guidance notes** *(add*) This does not need to be the same individual as long as a thorough patient handover is performed.
SA 4.2.4	General Practice	Dental instruments are sterilised.	**Guidance notes** Sterilisation would be expected to occur in between each patient, and that cold-sterilisation would be acceptable.
SA 7.3.4 EQ 6.3.4	Veterinary Hospital	Environmental swabbing of all clinical areas is carried out at least twice per year.	Environmental swabbing of all clinical areas is to be carried out in accordance with infection rate audits. **Guidance notes:** Clinical areas means: Any area where clinical work takes place. To allow both Active and passive surveillance: active surveillance of surfaces in the practice – • which consists of swabbing the environment for bacteria • or using ATP monitors (Adenosine tri phosphate) • or Fluorescent markers (put onto work surface then success of cleaning checked with UV lamp)

			Practices should also use passive surveillance • Auditing post op infection rates • Monitoring results of bacterial culture results from procedures in the practice & anti microbial sensitivity
SA 9.2.2	General Practice accreditation	Instrumentation for tests performed on the premises include: - Method of measuring PCV - Binocular microscope (with a range of objective lenses and light source) - Centrifuge - Refractometer - Glucometer or chemistry analyser capable of measuring blood glucose - Cytology stains, including gram - Method to measure TP - Urine dip stick	*[Remove 'including gram']* Instrumentation for tests performed on the premises include: - Method of measuring PCV - Binocular microscope (with a range of objective lenses and light source) - Centrifuge - Refractometer - Glucometer or chemistry analyser capable of measuring blood glucose - Cytology stains - Method to measure TP - Urine dip stick

Summary	
Meeting	Standards
Date	9 May 2022
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Standards meeting
Decisions required	None
Attachments	None
Author	Hannah Alderton Committee Liaison Officer H.alderton@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

Report of Disciplinary Committee hearings since the last Council meeting on 9 and 10 March 2022.

Hearings

Anke Hill

1. The Disciplinary Committee met for an online hearing of on 7 - 8 March 2022.

2. The charges against the respondent were in relation to a conviction for conspiracy to kidnap which resulted in an extended sentence of 19 years and 5 months imprisonment, a restraining order for an indefinite period and a £190 victim surcharge.

3. The committee were invited to proceed in the absence of the Respondent. The committee were satisfied that Dr Hill had been given sufficient opportunity to attend the hearing which she refused.

4. The Committee was presented with the sentencing remarks in relation to Dr Hill's the charges of Dr Hills conviction at Mold Crown court. The Judge had highlighted that Dr Hill was central figure in the conspiracy to kidnap. This was a particularly violent abduction of a child at Knife point and with the help of several other individuals planned to leave the country. The judge in her sentencing had established that the premeditated conspiracy had been carefully organised over the course of several months and had involved elaborate and intricate planning to avoid any possibility of detection. The use of specially modified mobile phone equipment and encryption messaging tools and applications, false documents, the use of more than one car and disguises were used as methods to avoid detection.

5. It was established by the Judge that Dr Hill was the leader of the conspiracy with another individual and the kidnap and in the judges words caused "unspeakable misery and considerable harm" to the victim of the kidnap and those who were caring for the victim. The Judge concluded that Dr Hill presented a significant risk of causing serious harm by committing further specified offences.

6. The Certificate of Conviction was considered by Committee as proof of the fact of conviction.

7. The Committee concluded that this conviction was clearly such as to bring the profession into disrepute and undermine public confidence in the profession. the Committee therefore concluded that the fact of the conviction rendered the respondent unfit to practise veterinary surgery.

8. In regard to sanction, the Committee concluded that the only appropriate and proportionate sanction in this case was that of the Respondents removal from the register of veterinary surgeons. The Committee noted that this was a case involving serious harm to members of the public; it involved an offence the commission of which included violence; and a reasonable and fully informed member of the public would consider that it also evidence a harmful deep-seated personality or attitude problem. It was concluded that all of these factors indicated that the behaviour which resulted in the conviction was fundamentally incompatible with being a veterinary surgeon and that removal from the register was necessary to uphold proper standards of conduct and to maintain public confidence in the profession.

11. The full decision of the committee can be found here: Hill, Dr Anke March 2022 Decision of the Disciplinary Committee - Professionals (rcvs.org.uk)

Claudia Elena Surdila

9. The Disciplinary Committee met for a hearing for Claudia Elena Surdila on 9 – 10 March 2022.

10. In December 2019 It was submitted by Ms Nicole Curtis that while registered as Veterinary Surgeon Dr Surdila pleaded guilty to the offence of obtaining funds from the EU for a bee-keeping enterprise by providing false, inaccurate, or incomplete, false statements and documents

11. An email was presented to the committee and a statement from Dr Surdila which gave her account of what led to her conviction. Dr Surdila and her family had owned a few beehives and applied to the EU for funding to assist the expansion of their operation into a business. A condition of the funding is that Dr Surdila and her sister had to belong to a bee-keeping co-operative a consultant was paid to manage their funding application which also included them signing up to local co-operative. Dr Surdila confirmed that she signed documents that were presented to her without thoroughly checking what those documents were.

12. Dr Surdila continued the business with her sister and after three years gave notice on the scheme to continue on their studies, the funding period was actually meant to run for five years. After enduring a very difficult winter during this period many of the bees did survive.

13. Dr Surdila made the move to the move to Motherwell, Scotland and joined a practice. Four years after moving to the UK Dr Surdila was informed that her and her sister were due to be prosecuted after investigation by the National department of Anti-corruption that funds were claimed incorrectly. Dr Surdila was informed that during their participation in the scheme their membership had been switched to a co-op which was owned by another party who after investigation turned out to be unlicensed which made her funding applications invalid from the beginning. Other recipients of funding through the unlicensed co-operative had also been prosecuted.

14. Dr Surdila had stated that everything she signed for the unlicensed was in good faith, she was advised by her solicitor that the documents that she had signed were legally binding for the funding. The consultant she had worked with had passed away which left her with no other option was to plead guilty. She was sentenced to two years imprisonment, suspended for two years, and 60 days of community service and was required to pay 19,544.7 Romanian Lei (approximately £3,300) in damages. She was advised to appeal her sentence which was unduly harsh under the circumstances that existed. Due to Covid-19 her appeal was postponed on a number of occasions and was unsuccessful.

15. In conclusion the conviction rendered Dr Surdila unfit to practise, Committee chair Judith Way said Dr Surdila's conviction was of a nature and seriousness that required a finding of her being unfit to practise as a veterinary surgeon on the grounds of public interest.

16. The committee reached it's decision in sanction that the of the serious nature of the conviction involved an element of bad faith. It was noted by the committee that Dr Surdila should have been more aware of what she was signing. The committee noted that the offence was committed a long time ago when Dr Surdila lacked experience and before she qualified as a veterinary surgeon. There was never any risk or danger posed to any animals.

17. Dr Surdila demonstrated significant insight into her failures and displayed genuine remorse. The committee were satisfied that that it was unlikely that she wouldn't ever commit this offence again

18. The Committee's full findings can be viewed

    https://www.rcvs.org.uk/concerns/disciplinary-hearings/

Craig Mostert

19. The Committee met for a meeting virtually on 21-23 March 2022

20. The Respondents charges were in relation to a conviction in the USA for providing false statements about imported flea and tick medicines and subsequently not declaring the conviction when applying to register with the RCVS and in subsequent annual renewals.

21. The conviction was admitted but it was denied that it rendered the Respondent unfit to practice. The non-disclosure to the RCVS was also admitted but it rendering him guilty of disgraceful conduct in a professional respect was denied.

22. In considering whether the conviction rendered Dr Mostert unfit to practise, the Committee considered whether Dr Mostert's conviction affected the public interest, which included the need to maintain public confidence in the profession by upholding proper standards of conduct and behaviour for members of the profession. The Committee noted that the conviction involved dishonesty in that the offence related to the making of false statements in relation to the value of the goods which were being despatched to the USA. The Committee considered that a conviction for a serious offence involving dishonesty would have a negative impact on public confidence in the profession, and that its reputation would be damaged if proper standards of conduct and behaviour were not upheld. The Committee also noted that as the products that Dr Mostert imported into the USA were not labelled as coming from a foreign market and were not labelled as needing to be administered by a vet, his conviction also related to animal safety, as anyone who accessed the medications could believe that it was safe for them to be given to an animal.

23. The Committee then considered Dr Mostert's failure to declare the conviction to the College on three separate occasions. The Committee noted Dr Mostert's evidence that, at the time, he did not believe that he had to disclose his conviction as it occurred in a country where he had not practised as a veterinary surgeon. Further, he had not taken the time to read and interpret the application form accurately. The Committee considered that the wording around convictions on the application and annual renewal forms were very clear and that, as a veterinary surgeon, Dr Mostert would be familiar with such documents. The Committee considered that it was inconceivable that an experienced veterinary surgeon, making a declaration of this kind to his

regulator, would not have understood that a serious conviction in the USA, dating from June 2017, was a conviction that he was obliged to disclose. The Committee therefore found Dr Mostert's failures to declare his conviction dishonest.

24. All of the facts were found proved. The Committee also found the Respondent unfit to practice veterinary surgery and guilty of disgraceful conduct in a professional respect.

25. In relation to sanction, the Committee considered the aggravating and mitigating factors and concluded that in all the circumstances, a lengthy period of suspension would properly reflect the gravity of the case and satisfy the public interest. The Committee directed the Registrar to remove the Respondents name from the Register for a period of 18 months.

Upcoming DC cases

26. The DC currently have two scheduled upcoming hearings as well as a scheduled resumption of a hearing which went part hear.

27. There are currently two referred hearings which will be listed shortly as well as a hearing which the DC made the decision to adjourn.

Summary	
Meeting	Standards Committee
Date	9 May 2022
Title	Practice Standards Scheme Update
Summary	An update on the Practice Standards Scheme ("PSS")
Decisions required	None
Attachments	Annex A – PSG 26012022 minutes
Authors	Laurence Clegg, PSS Lead l.clegg@rcvs.org.uk Sarah Iddon, Head of Legal Services- PSS s.iddon@rcvs.org.uk

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	
Annex A	Unclassified	
Annex B	Unclassified	

[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

General PSS update

1. Following the UK government announcement to ease Plan B restrictions from 15th January, in-person assessments resumed as planned from 1st of March 2022. There were no further requirements to wear face coverings or carry out lateral flow tests, and a smooth transition back to in-person assessments was reported.

2. The PSS team meeting took place on 22nd February, bringing together the internal teams to improve communications and transparency across the Officer and Assessor teams.

3. A more condensed version of the satisfaction survey was launched on 1st April following a further consultation with the Review Group, to simplify the survey given the current climate of practices.

4. The team have been reviewing its internal processes and systems to streamline efficiencies with a view to building capacity within the assessment process. This will include reviewing the software system following its launch four years ago and looking at shifting the focus of our teams to provide a greater emphasis on supporting practices in the lead up towards the assessment process.

Update from Lead Assessor

5. The following is an update from the Lead PSS Assessor, Alice Duvernois:
It is evident from my experience as a vet, PSS Assessor and now Lead Assessor and the feedback that I have received from the team, that the climate within practices is at an all-time low. This seems to be triggered by a combination of the knock-on effects of Brexit and COVID. Brexit has had a big impact on recruitment shortages across all veterinary teams, and COVID has created a notable increase in demand for veterinary services after a large rise in pet ownership. And of course, staff illnesses/isolation and creations of 'work bubbles' has further affected the shortages in resources across the country. We have witnessed many practices reducing their opening hours, some have temporarily closed premises and others permanently, to consolidate their teams. A common feeling is the general struggle to meet the demands to remain operational. This is taking its toll on the profession in terms of stress, anxiety, and their general ability to prioritise and prepare for their PSS assessments. As a result, we have seen a surge in delay requests for PSS assessments, and others that are just simply unprepared. The data collected supports the challenges we are seeing by demonstrating, lower uptakes of awards, increases in overdue evidence, overdue invoices remain high, and the number of top ten deficiencies are still too high. Veterinary teams have expressed that the added pressures of preparing for these assessments are not currently sustainable. The PSS team is concerned about the effect that this will have on the PSS scheme to ensure that the scheme remains successful to push up standards and to support the profession during this difficult time. PSS must respond by considering the needs and impact for any agreed changes to the standards and be

mindful to balance this with the struggle and pressures that practices currently face. Our focus must be to provide more support to practices to ensure that they are ready and prepared for the assessment process.

PSS Assessor team

6. The Assessor team have carried out 217 assessments in Q1, and Q2 is currently underway. 33 practices due in Q2 have been carried over to Q3. Capacity remains an issue for PSS.

7. Many practices have requested delays to their planned assessments – in Q2 so far this has been 45 out of a possible 269 premises schedule to be assessed at the outset of Q2. The team is aware that the PSS rules do not directly account for delays, but a degree of flexibility remains in place following the impact of Covid, to work with practices during this difficult time.

8. Two new PSS Assessors will join the team in May 2022 from the pool of Reserve Assessors.

9. Training has taken place in February covering Medical Gasses and Wellbeing and we are planning another training day for September of this year.

10. The launch of Module Champions has been postponed while the team reviews the assessor model. Queries are still being dealt in the usual way by the team and collated for the bank of frequently asked questions.

11. The PSS team have started allocating assessments to Assessors on a quarterly basis rather than monthly to allow for better forward planning

PSS Membership figures continue to rise gradually

12. As of 29th March 2022, there were 3,845 veterinary practices in the Scheme in total (including candidates), up from 3,821 as of the last meeting of PSG in January 2022. This represented 68.85% of all eligible RVPPs (5,585 total eligible veterinary practice premises; up from 68.26% as of the January 2022 meeting).

13. These figures demonstrate that the PSS membership continues to rise gradually despite the pressures that veterinary practices are facing.

14. The data presented to PSG also shows that there has been an increase of seven Farm practices in the Scheme, accreditation totals have remained steady, and the common deficiencies seen at PSS

assessments remain high, such as storge of controlled drugs, recording of controlled drugs and adequate packaging and dispensing of medicine on split medicines.

PSG Meetings

15. Minutes for the 26 January 2022 meeting, may be found at **Annex A**.

16. PSG last met on 13 April 2022. The minutes are yet to be ratified. However, the main decisions where:

    a) PSS Team to include data for number of PSS practices in corporate / large groups vs independents in future Scheme figures update papers

    i. **Standards queries** and proposed updates to the new version of PSS. See below and Annex B
    ii. **Dental radiography in PSS** - The Group agreed to respond to BVDA advising them that the intention would be to move the requirement for a dedicated dental radiography machine to General Practice level at the next full review of the standards.
    iii. **Environmental sustainability -** The Group approved the environmental sustainability framework, with the amendments discussed in the meeting. The Group also recommended a long lead in time for preparation. Progressed to Standards, see PSS Environmental sustainability paper.
    iv. **Social sustainability -** The Group approved the proposed changes to the social sustainability requirements within the standards, with the amendments agreed in the meeting. Progressed to Standards, see PSS Social sustainability paper.
    v. **Conflicts of Interest policy -** The Group reviewed and approved the proposed conflicts of Interest policy for the PSS team.

Summary	
Meeting	Practice Standards Group
Date	26 January 2022
Title	Minutes of meeting
Summary	Minutes of the Practice Standards Group meeting held on Wednesday 26 January 2022
Attachments	Classified appendix Annex A – PSG 16082021 Actions progress update Annex B – New version queries with PSG decisions and actions Annex C – New version additional required documents Annex D – PSG 26012022 Actions table
Author	Stephianne Black PSS Officer s.black@rcvs.org.uk / 0207 202 0786

Classifications		
Document	Classification[1]	Rationales[2]
Minutes	Unclassified	N/A
Classified appendix	Classified	1, 3
Annex A	Unclassified	N/A
Annex B	Unclassified	N/A
Annex C	Unclassified	N/A
Annex D	Unclassified	N/A

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PRACTICE STANDARDS GROUP

Members

Mandisa Greene	Chair & RCVS Council
Adam Mugford	BAVECC
Andrew Parker	SPVS
Kathy Kissick	VN Council
Lyndsay Hughes	BVNA
Tim Mair	BEVA
Mark McLaren	Lay member
Krista Arnold	BSAVA
James Russell	BVA
Martin Smith	BVHA
Stuart Saunders	VMG
Nicky Bowden	BCVA

In attendance

Eleanor Ferguson	RCVS Registrar / Director of Legal
Lisa Price	RCVS Head of Legal Services - PSS
Sarah Iddon	RCVS Head of Legal Services – PSS (Maternity cover)
Richard Killen	PSS Lead Assessor
Laurence Clegg	RCVS PSS Lead
Stephianne Black	RCVS PSS Officer
Anne Lawson	PSS Senior Assessor
Sue Paterson*	RCVS Environmental and Sustainability Lead
Rosie Hillson*	Centre for Sustainable Healthcare (CSH)
Ingeborg Steinbach*	Centre for Sustainable Healthcare (CSH)
Charles Thursby-Pelham	PSS Review Group member

*Joined for agenda item 7c

Welcome and introductions

1. The Group welcomed Richard Killen as the temporary Lead Assessor and Sarah Iddon as the Head of Legal Services – PSS (maternity cover for Lisa Price). The Group was also updated that Laurence Clegg was in a new role of PSS Lead (maternity cover for Lily Burley, Senior Manager, PSS).

Apologies for absence

2. There were no apologies for absence.

Declarations of interest

3. The Chair declared that they had recently started a new role as Veterinary Director for Vets Now.

Minutes and Actions of previous meeting

4. The minutes of the previous meeting were approved without any comments.

5. The Group was updated on the progress with the actions from the previous meeting (see Annex A of these minutes).

PSS Update

a. Memberships and Awards and Top 10 deficient requirements

6. The Group was updated on the current membership figures. It was explained that there has been an increase in the number of Veterinary Practices on the Scheme to 3,821, which is 68.30% of all UK veterinary practices. 10 practices have left the Scheme, nine as practice closures, with one request to withdraw. It was explained that this shows membership figures have remained steady throughout the Covid-19 pandemic.

7. It was explained that the PSS Team are still planning to carry out surveys with BEVA and BCVA to understand the lower uptake of PSS by Equine and Farm practices, respectively.

Action: PSS Team to contact BEVA and BCVA to run surveys to understand low uptake of PSS by Equine and Farm practices.

8. The PSS feedback survey data presented 11 responses received since August 2021 to 7 January 2022 from 358 assessments carried out during the same period.

9. It was explained that the revised feedback surveys that were presented to the Group at the August 2021 meeting had not yet been implemented, but that these would be set up for practices to use upon the return to in-person assessments in March 2022.

Action: PSS Team to launch revised PSS feedback surveys.

10. It was explained that from the 11 responses received, the majority of the scores and comments were positive, but the negative responses would be followed up by the PSS Team.

Action: PSS Team to follow up on negative responses to PSS feedback surveys.

11. The Chair expressed their gratitude to the PSS Team for all their hard work over the last couple of years. Through resilience they have still made sure the experience is something that practices felt is valuable and have continued to engage with the Scheme.

Paragraph of these minutes	Action	Assigned to	Due by
7	PSS Team to contact BEVA and BCVA to run surveys to understand low uptake of PSS by Equine and Farm practices.	PSS Team	April 2022
9	PSS Team to launch revised PSS feedback surveys.	Head of Legal Services - PSS	April 2022
10	PSS Team to follow up on negative responses to PSS feedback surveys.	PSS Lead	April 2022

b. **Standards update**

12. The Group was informed that in response to the updated UK government Covid-19 restrictions in December 2021, the RCVS issued updated Covid guidance to the profession. Considering the changes to the guidance, Standards Committee reintroduced the temporary derogation to allow remote prescribing. The Group was advised that this was due to be reviewed on the 7th of February 2022.

13. The Group was updated that to align with the RCVS response to the increased restrictions, it had been decided that for an initial period from the 13th of December to 28th January 2022, PSS assessments would temporarily return to the remote format, with any assessments booked between 13-31st December being postponed into January to allow preparation time for the change in format. The Group was also advised that the remote assessment format had been updated with some minor amendments to reflect the new standards published in May 2021.

14. The Group was informed that in the New Year the temporary use of remote assessments was reviewed and, due to the Plan B restrictions still being in place, it was decided that they would be extended until the 28th of February. However, following the UK government announcement to ease Plan B restrictions effective from 15th January, it had been decided that in-person assessments would resume from 1st of March 2022.

c. Lead Assessor update

15. The Group was informed that David Ashcroft, the previous Lead Assessor, had retired from his role in December 2021. Richard Killen, a Senior PSS Assessor, was covering the role in the interim and a new permanent Lead Assessor, Alice Duvernois, had been appointed and would be starting on a full-time basis from March 2022 after a handover period in February.

16. The Group was informed that three new PSS Assessors joined the team in October 2021, which included the first RVN PSS Assessor. An additional Assessor, also an RVN, was appointed from the set of reserves in January 2022 following the retirement of another Assessor.

17. It was queried how many reserve Assessors were remaining and the Group was advised that there were three.

18. The Group was informed that the new Assessors had been undergoing their training, including buddying assessments over the preceding couple of months. All PSS Assessors also attended waste management training in December 2021, and further training was being planned for February 2022, which it was hoped could be partly done in-person.

19. The Group was updated that the Assessor team were in the process of appointing Module Champions, who would be experts in their respective modules and would assist with responding to queries from practices, Assessors and the PSS Team. It was also being planned that standardised responses from the Module Champions would be made available initially to the PSS Team and Assessors, and possibly eventually practices, through a bank of frequently asked questions.

20. It was shared with the Group that the previous Lead Assessor, David Ashcroft, had enjoyed their time working for the Practice Standards Scheme and wanted to wish everyone success, with special thanks to the Practice Standards Group for all their support.

Matters for discussion

a. Non-compliance of evidence - CONFIDENTIAL

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

b. Review of PSS resources

22. The Group discussed the proposal to create a policy for ensuring the suitability of resources referred to in the PSS Standards guidance

23. It was commented that we would not want to refer to just one resource such as RCVS Knowledge, as there are other useful resources available, and therefore a range of resources would be better.

24. It was suggested that instead of having a policy or protocol, the resources in the Standards could be reviewed on a regular basis by Review Group or PSG member organisations to ensure their continuing suitability. it was suggested that this would need to be done at least annually.

Decision: The Group agreed to establish a process for Review Group to review the resources in the Standards at least on an annual basis.

Action: PSS Team to set up a process for reviewing the standards resources on an annual basis. PSS Lead to send a list of the current resources and links to the Group.

Paragraph of these minutes	Action	Assigned to	Due by
24	PSS Team to set up a process for reviewing the standards resources on an annual basis.	PSS Lead Assessor	June 2022
24	PSS Lead to send a list of the current resources and links to the Group.	PSS Lead	April 2022

Matters for decision

a. New Standards queries

25. The Group was asked to review the queries on the new version of the Standards, as presented in Annex A of the paper, and to confirm its responses to each.

26. The list of queries with the decisions and actions from the Group (updated Annex A of the paper) can be found at Annex B of these minutes.

27. The Group was also asked to confirm the changes to the required documents as proposed in Annex B of the paper (Annex C of these minutes).

Decision: The Group approved the changes to the required documents.

Action: PSS Team to update the Standards with the approved changes to the required documents.

Paragraph of these minutes	Action	Assigned to	Due by
26	See updated Annex A queries, now Annex B for the purposes of these minutes	Head of Legal Services – PSS, PSS Lead	13 April 2022
27	PSS Team to update the Standards with the approved changes to the required documents, as per Annex C of these minutes.	PSS Lead	March 2022

b. Emergency Service Clinic wording

28. The Group was presented with a paper proposing changes to the descriptive wording for the Equine and Small Animal Emergency Service Clinic (ESC) accreditations. This matter had arisen following confusion over the intended purpose of the Equine ESC accreditation, introduced in April 2021, with some Equine practices that did not provide dedicated Out of Hours (OOH) services applying for the accreditation. It had also been suggested that there could be similar confusion with the Small Animal ESC accreditation.

29. The Group was presented with the following additional data for practices that hold the SA ESC accreditation (164 in total):

- 54 practices held ESC only
- 82 held VHSA plus ESC
- 1 held VHEQ plus ESC
- 24 held GPSA / mixed plus ESC
- 3 held Core / mixed plus ESC

It was explained that the three practices that held Core / mixed plus ESC appeared to be errors.

30. It was clarified that the proposed changes to the descriptive wording for SA ESC would affect those that are already accredited at this level. However, rather than removing the accreditation with immediate effect, it will be clarified at their next assessment that unless they provide a dedicated OOH they will no longer be able to achieve the accreditation.

31. It was queried whether there are additional costs involved with being assessed to ESC, as this could mean that the proposed changes would have a financial impact on practices. It was clarified that as practices are charged assessment fees based on Assessor time, and the ESC accreditation can be assessed within the standard assessment timeframes, there are no additional costs to the practice.

32. The Group was advised that some of the 82 practices that held VHSA plus ESC were likely those that had only applied for ESC because there is crossover between this accreditation and VHSA. It was suggested that as the SA ESC accreditation is about achieving certain standards, it should be available

to any practice that wants to achieve it and can demonstrate that they are meeting the Standards, even if they do not plan to provide an emergency service.

33. It was commented that SA ESC should still be available to emergency clinics that do not provide OOH services to other practices but take emergencies (for example, those that have recently opened or have a different business model to dedicated OOH providers). It was therefore suggested that the wording "offers" should be used instead of "provides", and that "…to other practices." should be removed.

Decision:

The Group agreed to the following wording changes in the PSS Rules and Modules and Awards:

'[Equine] Emergency Service Clinic accreditation reflects the work of a practice that can deal with emergency cases in the field, and that provides a ***dedicated*** *Out of Hours (OOH) service* ***to other practices****.'*

'[Small Animal] ESC accreditation reflects the work of a practice that can deal with emergency and critical care cases without an appointment, ***and that offers a dedicated Out of Hours (OOH) service****.'*

Action: PSS Team to update the PSS Rules and Modules and Awards documents with the agreed changes to the descriptive wording for the Equine and Small Animal ESC accreditation.

Paragraph of these minutes	Action	Assigned to	Due by
33	PSS Team to update the PSS Rules and Modules and Awards documents with the agreed changes to the descriptive wording for the Equine and Small Animal ESC accreditation.	PSS Lead	March 2022

c. Sustainability - CONFIDENTIAL

34. Confidential information is available in the classified appendix at paragraphs 10-19.

Matters Arising

35. There were no matters arising.

Risk and Equality

36. The Group was asked if there was anything that had been presented at the meeting that should be added to the PSS risk register, in terms of risk and equality.

37. The Group agreed that there were no updates required to the register.

Dates of next meetings

38. The Group was reminded that the next meetings were scheduled for 13th April 2022, 18th August 2022, and 27th October 2022.

39. It was noted that all the meeting dates were during the school holidays, and it was hoped that all representatives could attend in some form.

Any other business

40. The Head of Legal Services - PSS raised with the Group that as the use of the digital platform, 1CPD, for recording CPD had become mandatory in January 2022, the RCVS Education department had been approached to review how the PSS CPD requirement (16.1.8) would be assessed going forward.

41. The Group was advised that from January 2023, the Education department will be auditing CPD records via 1CPD retrospectively, and any members that have not met the required hours could be referred to the Professional Conduct department. Given this, the Education department provided a steer that CPD compliance would not also need to be assessed through PSS. It was therefore proposed to the Group that the PSS CPD requirement 16.1.8 should be removed.

42. The Group was generally in agreement with the Education department's steer that the requirement no longer needed to be assessed through PSS. However, it was felt by the Group it would still be important to retain the PSS requirement 16.1.8, to avoid indicating that veterinary professionals no longer need to complete their CPD. It was suggested that a statement be added against the requirement advising that it would be checked by the Education department instead.

43. It was also commented that there would need to be good communication between the Education department and PSS of non-compliance by veterinary professionals working at PSS practices, to ensure that practices were not being accredited if they had non-compliant team members.

Decision: The Group agreed to retain the PSS CPD requirement 16.1.8 but confirmed CPD for veterinary professionals will no longer need to be assessed at PSS assessments as this will be checked by the Education department instead.

Action: PSS Team to update the guidance notes wording / instructions for 16.1.8 to state that CPD for veterinary professionals will now be checked by the Education department through 1CPD instead of PSS. PSS Team to establish a mechanism with the Education department for communicating details of non-compliant professionals working at PSS practices.

Paragraph of these minutes	Action	Assigned to	Due by
43	PSS Team to update the guidance notes wording / instructions for 16.1.8 to state that CPD for veterinary professionals will now be checked by the Education department through 1CPD instead of PSS.	PSS Lead	March 2022
43	PSS Team to establish a mechanism with the Education department for communicating details of non-compliant professionals working at PSS practices.	PSS Lead	December 2022

Meeting Closed.

Action	Owner	TB Completed by date	Status
The Senior Officer to send out links to RCVSK QI resources to The Group.	LC	31/10	Complete
PSG to provide their feedback on revised surveys by Monday 23rd August 2021.	PSG/LC	23/08	Complete
The Senior Manager and Senior Officer to produce an article on the top deficiencies found at assessments, to go out in the next e-newsletter at the end of August 2021.	LB/LC	31/08	Complete
Action: The Senior PSS Manager to work with the RCVS Communications Department on promotion of the three new RVN Assessors who joined the PSS Team.	LB	31/08	Complete
Lead Assessor and Review Group to look into potential exemptions for VH accreditation level.	DA	7/01/22	In progress. Discussions have already been held with LA and RG. VH exemptions list to be produced and discussed by RG, with a view to bringing to April 22 PSG
The Senior Manager and Lead Assessor to devise a sanctions protocol for non-compliant practices	DA/LB	7/01/22	Paper on sanctions being presented at 26/01/2022 PSG meeting
Senior Officer to provide PSG's feedback to the unsuccessful sustainability organisations and begin preliminary project discussions with the successful candidate. Senior Officer to also apply for discretionary funding for the project.	LC	31/08	Complete
Senior Officer to update the Standards guidance notes for requirement 5.2.4.	LC	30/09	To be included in update to standards following Jan 22 PSG
PSS Team to collect data on how many practices currently have dental x-ray.	LC/DA	7/01/22	In progress. Survey for collecting data has been produced and is being completed by assessors with practices, with a view to presenting at April 22 PSG
Head of Legal Services to draft a conflicts of interest policy and share at next meeting	LP	7/01/22	With Director for final approval before implementing internally

Requirement number	Requirement / guidance notes wording	Change from old version	Notes from review process	Query	PSG decisions and actions
SA 1.3.1 and 6.4.6	1.3.1 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). **Guidance notes** Assessors will ask to see patient charts and team member rotas and will speak to team members. ++ 6.4.6 A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times.	1.3.1 Requirement wording amended from 'A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times including out-of-hours (OOH).' to 'A veterinary surgeon, RVN or SVN, other than the surgeon, is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered, at all times including out-of-hours (OOH).' ++ No change.	Recommendation to build on the requirement at General Practice level for only a practice team member to monitor anaesthesia. ++ N/A	The PSS Assessor group have interpreted the wording in this requirement of "…dedicated solely…" as meaning provision of one-to-one care is required. It is felt that if this is the correct interpretation, it would be unachievable for this to be provided by a veterinary surgeon, RVN or SVN in reality, especially during out-of-hours where only one team member may be present, or there may be emergencies of greater priority. It is suggested that the actual intention may be only that the same person is monitoring the patient until fully recovered. If this is the case, it is suggested that the wording be amended to remove "solely". It is also suggested that a caveat for emergency situations could be added in to the requirement wording, as was done with the Core Standards requirement 1.1.2. **Required decision: The Group is asked to clarify the intention of this requirement and to decide if the wording needs to be amended as suggested.**	PSG felt that at this accreditation level it is important that the patient is monitored by a qualified person to avoid complications, but it was clarified that it wouldn't necessarily need to be the same person as suggested with the current and proposed wording. The Group also felt that clarification is needed on what 'fully recovered' means, and it was suggested that this could be sought from the Association of Veterinary Anaesthetists (AVA). **Decision: The Group decided to add wording to the guidance notes to clarify what 'fully recovered' means and that the monitoring can be shared between qualified persons.** **Action: PSS Team to produce revised guidance notes wording for SA 1.3.1 and 6.4.6 and to present to the Group.**

SA and EQ 3.1.6	There is a written protocol for cremation, destination of ashes etc.	Requirement wording amended from 'Options are discussed regarding cremation, destination of ashes etc.'	Suggestion that it would be better to have a written protocol in place to ensure that clients are given the relevant, consistent and full information on cremations and destination of ashes by all members of the team.	The PSS Assessor group have interpreted this requirement as meaning that a written protocol outlining how options are discussed / information is provided to clients must be in place. This appears to be the correct interpretation based on the notes from the review process. However, a corporate practice group appears to have interpreted this requirement as meaning that written information must be provided to clients. It is therefore suggested that the wording for the requirement is amended to "There is a written protocol **outlining how options are discussed and/or information is provided to clients on** cremation, destination of ashes etc." A corporate practice group has also queried what we would expect to be included in the protocol. It has been suggested by the Lead Assessor that the protocol should at least outline how excellent client communication is delivered and how errors are avoided. It is suggested that	**Decision: The Group agreed to the proposed wording changes.** **Action: PSS Team to update the Standards with the agreed new wording for SA and EQ 3.1.6.**

				wording on this could be added to the guidance notes. **Required decision: The Group is asked to confirm whether the wording for this requirement should be amended as suggested. The Group is also asked to confirm whether wording should be added to the guidance notes to clarify what information should be included in the protocol.**	
SA 4.2.4	Dental instruments are sterilised.	Requirement added.	Recommendation to add.	A corporate practice group has queried when sterilisation would be expected to occur; would this need to be for all procedures, including those such as rabbit dental used in consults? It has also been queried by the Lead Assessor whether the type of sterilisation needs to be specified. **Required decision: The Group is asked to confirm when sterilisation of dental instruments would be expected to occur, and what type of sterilisation would be acceptable.**	The Group was advised that evidence for this item had been received from RCVS Knowledge, but the Group had not had a chance to review this. **Decision: It was agreed that the evidence from RCVS Knowledge would be presented to the Group before a decision on this query was made.** **Action: PSS Team to present the query for 4.2.4 to the Group with the supporting evidence provided by RCVS Knowledge.**
SA 5.2.3	An ultrasound system capable of providing diagnostic quality	Moved from VH level.	Recommendation to move to GP.	It has been queried whether ultrasound is necessary on site if it is accessible nearby. It is	The Group was understanding of the queries raised around the

	images of the range of species treated is provided on site.		At 13/5/2020 PSG the Group agreed to add 'on site' following a query from PSS assessors about whether the ultrasound could be shared between premises.	felt that ultrasound might not yet be widely available enough for this requirement to be at GP level. It has also been queried as to what would be acceptable as ultrasound equipment – whether this would need to be a full unit, or more basic devices. It should be noted that ultrasound has been required at GP level for Equine (5.2.1) since the old version. The PSS Review Group has considered these queries and it feels that the requirement should be retained. **Required decision: The Group is asked to clarify the purpose of this requirement and to decide if the wording needs to be amended and/or the requirement moved to a different level.** **The Group is also asked to confirm what type of ultrasound equipment would be acceptable.**	need for ultrasound onsite if it is readily available from another practice, especially if that practice is in the same practice group. However, it was ultimately felt that practices at GP level would be expected to utilise ultrasound for certain diagnostic investigations, and that this would complement x-ray which is required at the same level. It was also raised that there are low cost and accessible options available. Additionally, there were concerns that if the requirement only asked for ultrasound to be available 'nearby' that this could be open for interpretation. **Decision: The Group agreed to maintain the GP requirement for ultrasound to be provided on site, but to add wording to the guidance notes clarifying what level of capability is acceptable.** **Action: PSS Team to produce revised guidance notes wording**

					for SA 5.2.3 and to present to the Group.
SA 5.3.5, EQ 5.3.13	The sole use of self-adhesive labels for the identification of radiographs is not acceptable. Radiographs should be permanently identified at the time of the exposure.	No change.	N/A	A corporate practice group queried what would be required for digital radiography images. At General Practice level, SA requirement 5.2.6 and EQ requirement 5.2.5 state in the guidance notes that digital tags are acceptable for patient identification. There would be no way to advance this standard at Veterinary Hospital level. However, it is suggested that the wording for this requirement could be amended to clarify that it applies to hard-copy radiographs. **Required decision: The Group is asked to confirm whether the wording for this requirement should be amended to clarify that it applies to hard-copy radiographs.**	**Decision: The Group agreed to add to the wording for this requirement to clarify that it is referring to hard-copy radiographs.** **Action: PSS Team to update the Standards with the agreed new wording for SA 5.3.5 and EQ 5.3.13.**
SA 6.4.21	All clinical team members must be provided with guidance notes on emergency practice policies before commencement of work. There must be formal	No change.	N/A	It has been queried by corporate practice groups and the PSS Assessor group whether this requirement refers to practice policies for 'clinical' or 'general'	**Decision: The Group agreed to the proposed wording changes.** **Action: PSS Team to update the Standards**

	evidence of induction of team members at the outset of their employment. **Guidance notes** Assessors will ask to see team members' induction records. **Documents** Guidance notes on emergency procedures. Induction records.			emergencies (e.g. fires and gas leaks). The fact that it is in the Emergency and Critical Care module and that it only requires 'clinical team members' to be provided with guidance suggests it is referring to clinical emergencies. There is also a separate requirement (16.1.23) in the Practice Team module for general emergency protocols, which all team members must be aware of. In addition, there is an equivalent requirement (18.4.5) in the Equine Emergency (Ambulatory) module which does clarify that the requirement is referring to clinical emergencies: All clinical team members (including new team members and locums) must be provided with written guidelines and protocols for managing the **clinical** emergencies encountered commonly in the practice. There must be formal evidence of induction of team members at the outset of their employment. **Guidance notes**	**with the agreed new wording for SA 6.4.21.**

				Consistent information is provided to all new team members. Evidence of induction records and training. **Documents** Guidance notes on emergency procedures. Induction and training records. **Required decision: The Group is asked to approve the amendments to the wording for Small Animal 6.4.21 to be the same as the Equine equivalent (18.4.5; including amendments to the guidance notes and documents).**	
SA 7.3.4, EQ 6.3.4	Environmental swabbing of all clinical areas is carried out at least twice per year.	Requirement added.	Recommendation to add.	A corporate practice group has queried whether there is an evidence base for carrying out swabbing at the frequency specified in this requirement (twice per year). They have received internal advice that a risk-based approach would be more effective, although no supporting evidence has been provided. The PSS Assessor group has recommended retaining this requirement but they have	The Group was advised that evidence for this item had been received from RCVS Knowledge, but the Group had not had a chance to review this. **Decision: It was agreed that the evidence from RCVS Knowledge would be presented to the Group before a decision on this query was made.**

				suggested requiring infection rate audits to be carried out as well. In addition, a large commercial laboratory (Idexx) that plans to provide environmental swabbing services to fulfil this requirement have asked for the precise details on what this requirement is asking for, including which bacteria would need to be swabbed for and what the acceptable levels are. **Required decision: The Group is asked to clarify the purpose of / evidence for this requirement and to decide if the wording needs to be amended.** **The Group is also asked to consider the PSS Assessor group's suggestion for amending the requirement wording.** **Finally, the Group is asked to clarify the precise details of what would be required from the environmental swabbing.**	**Action: PSS Team to present the query for SA 7.3.4 and EQ 6.3.4 to the Group with the supporting evidence provided by RCVS Knowledge.**
SA 8.5.9	At least one cage is of the walk-in type or feline equivalent in cat only practices.	No change.	N/A	International Cat Care (ICC) have proposed the following amendment to the guidance notes wording:	**Decision: The Group agreed to the proposed wording changes.**

	Guidance notes Guidance can be found for cat only practices at: https://www.rcvs.org.uk/cfc-facilities			*For cats, guidance can be found at: https://www.rcvs.org.uk/cfc-facilities. Size of cage would depend on length of stay.* **Decision**: The Group is asked to decide if the additional wording as proposed by ICC should be added to the guidance notes.	**Action: PSS Team to update the Standards with the agreed new wording for SA 8.5.9.**
SA 10.3.1, EQ 9.3.1	At least one team member must have attended an appropriate dispensing course in the last four years. **Guidance notes** This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. BSAVA dispensing course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	No change.	N/A	Vetpol is an independent regulator of SQPs and an SQP training provider. Vetpol approached the PSS Team with details of a new medicines dispensing course that they had developed, which they felt could qualify for meeting this PSS requirement. Vetpol were asked to provide evidence that their course meets the criteria for an "appropriate dispensing course" (previously developed and approved by PSG in 2017 with input from the VMD and NOAH). This was then submitted for review by the PSS Review Group (as per the process approved by PSG). The Review Group has confirmed that the Vetpol dispensing course meets the criteria and Vetpol have been	It was suggested that, instead of updating the guidance notes each time with the details of appropriate courses, a list of suitable providers is created and linked to in the guidance notes, which can then be maintained up to date. **Decision: The Group agreed to create a list of providers which will be linked to in the guidance notes and updated with any new providers, including Vetpol.** **Action: PSS Team to create a list of providers of appropriate dispensing courses and to update the guidance notes for SA 10.3.1 and EQ 9.3.1 to link to it.**

				informed that attendance at their course would be satisfactory for this requirement to be met. It is proposed that the guidance notes wording for this requirement is amended to include reference to the Vetpol dispensing course, as with the current mention of the BSAVA equivalent. **Required decision: The Group is asked to consider whether the Vetpol dispensing course should be added as an example to the guidance notes for this requirement, as with the current mention of the BSAVA equivalent.**	
SA 14.1.1	Team members must be adequately trained in animal handling. **Guidance notes** Non-slip lead, muzzles, crush cage, blanket, gloves, dog catcher. Ability to call for assistance e.g. personal or room alarm. Evidence may be required in the form of team members' induction/training records.	No change.	N/A	International Cat Care (ICC) have proposed the following amended wording for this requirement: *Team members must be adequately trained* ***in species appropriate, stress-free*** *animal handling* ***for both animal welfare and human safety****.* ***Guidance notes***	**Decision: The Group agreed to the proposed wording changes.** **Action: PSS Team to update the Standards with the agreed new wording for SA 14.1.1.**

	Documents Induction/training records.			*For dogs; non-slip lead, muzzles, dog catcher.* ***For cats; towels for wrapping, food for distraction, restraint cage for unsocialised cats. Judicious use of anxiolytic and sedative drugs.*** *Ability to call for assistance e.g. personal or room alarm.* *Evidence may be required in the form of team members' induction/training records* **Required decision:** The Group is asked to decide if the additional wording as proposed by ICC should be added to the guidance notes.	
SA 14.1.5	The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a means of delivering oxygen. **Guidance notes** The delivery methods should include ET tubes.	Requirement added.	Not available.	As this is a Core Standards requirement, it would need to be met by all premises that provide Out-patients services; this would be the majority (if not all) premises, including consulting-only branches. It is felt that this requirement would not be applicable to / achievable for consulting-only premises, where animals are not being treated on site. One practice group has also raised	It was felt that this requirement is essential for basic animal welfare provision in cases of emergencies. It was raised that accessible and safe options for oxygen delivery are available to practices. **Decision: The Group agreed to retain this requirement at Core Standards level, but to**

				health and safety concerns about oxygen being stored on site unnecessarily. **Required decision: The Group is asked to clarify the purpose of this requirement and to decide if the wording needs to be amended and/or the requirement moved to a different level.**	**add wording to the guidance notes to advise on available means of oxygen delivery.** **Action: PSS Team to produce revised guidance notes wording for SA 14.1.5 and to present to the Group.**
SA 16.3.2	The hospital must have at least two team members with a post-graduate qualification with a small animal component. One of the post-graduate qualifications must have a small animal surgery component. **Guidance notes** This should be on a Full Time Equivalent (FTE) basis.	Requirement added.	This was recommended to bring SA in line with EQ, which has had an equivalent requirement since the old version.	It is felt that dispensation will be needed with this requirement where it cannot be met temporarily e.g. where team members have left, particularly with current staff shortages. It has also been queried as to what the employment status of the certificate holders would need to be e.g. permanent vs visiting vets. It is suggested that similar wording as for the RVN requirement could be added to the guidance notes ("*If the RVN(s) leave the employment of the practice so that the practice is not fulfilling this requirement, the PSS accreditation can be retained as long as the practice is actively recruiting a replacement RVN*").	**Decision: The Group agreed to the proposed wording changes. It was clarified that this requirement would be met as long as the FTE criteria was being adhered to, regardless of employment status.** **Action: PSS Team to update the Standards with the agreed new wording for SA 16.3.2.**

				Required decision: The Group is asked to decide whether guidance notes wording should be added to state that there will be dispensation for this requirement where it cannot be met temporarily. **The Group is also asked to confirm what the employment status of the certificate holders would need to be.**	

Index number	Requirement	Guidance notes	Required documents	Proposed change
10.1.11	Medicines should be disposed of in accordance with the current legislation.	Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include: - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded - A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: https://www.rcvs.org.uk/cdlos A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity.	None	Add a required document for "T28 / SEPA certificate". To be uploaded pre-assessment

		A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so. Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV.UK guidance: https://www.rcvs.org.uk/t28.		
10.1.28	A practice must be able to demonstrate that when using antimicrobials or anthelmintics, it does so responsibly, and is accountable for the choices made in such use.	The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice:	None	Add a required document for "Protocol for responsible use of antimicrobials and anthelmintics". To be uploaded pre-assessment

		https://www.rcvs.org.uk/bva-amr-plan. The BSAVA also provides advice on the responsible use of antimicrobials: https://www.rcvs.org.uk/bsava-amr.		
16.1.35	Where firearms are stored on the premises and / or used in the course of practice business firearms certificates for each individual using the equipment must be shown.	The practice must pass inspection by a Duty Firearms Officer in respect of any firearms/tranquillizer and dart guns. Individual veterinary surgeons must have been issued with the relevant firearms certificate. These should cover adequate storage arrangements.	Firearms certificates	Change to be uploaded pre-assessment

Annex D - PSG 26/01/2022 Actions table

Paragraph of minutes	Action	Assigned to	Due by
7	PSS Team to contact BEVA and BCVA to run surveys to understand low uptake of PSS by Equine and Farm practices.	PSS Team	April 2022
9	PSS Team to launch revised PSS feedback surveys.	Head of Legal Services - PSS	April 2022
10	PSS Team to follow up on negative responses to PSS feedback surveys.	PSS Lead	April 2022
24	PSS Team to set up a process for reviewing the standards resources on an annual basis.	PSS Lead Assessor	June 2022
24	PSS Lead to send a list of the current resources and links to the Group.	PSS Lead	April 2022
26	See updated Annex A queries, now Annex B for the purposes of these minutes.	Head of Legal Services – PSS, PSS Lead	13 April 2022
27	PSS Team to update the Standards with the approved changes to the required documents, as per Annex C of these minutes.	PSS Lead	March 2022
33	PSS Team to update the PSS Rules and Modules and Awards documents with the agreed changes to the descriptive wording for the Equine and Small Animal ESC accreditation.	PSS Lead	March 2022
43	PSS Team to update the guidance notes wording / instructions for 16.1.8 to state that it will now be checked by the Education department through 1CPD instead of PSS.	PSS Lead	March 2022
43	PSS Team to establish a mechanism with the Education department for communicating details of non-compliant professionals working at PSS practices.	PSS Lead	December 2022

See classified appendix for actions for confidential items.

Classified appendix

Matters for discussion

a. Non-compliance of evidence

1. The Group was presented with a paper on evidence sanctions, which proposed a range of actions to be taken for PSS practices that remained non-compliant with their evidence following assessments. The options presented included empowering Assessors to decide if a lower accreditation should be assessed and awarded; reducing accreditations to the minimum level achieved and referring practices with high-risk breaches to relevant bodies such as the Health and Safety Executive.

2. A query was raised about whether there is currently a list of valid reasons for practices not complying with evidence requirements. The Group was advised that there is not currently a list of reasons per se, although there are common reasons that Review Group tend to approve evidence extensions for, including staff shortages and delays with building work. It was suggested that a list of valid reasons could be included in the proposed framework.

3. It was queried about whether a second Assessor is sent to non-compliant practices for a second opinion. The Group was advised that this does not happen as such, but there is the option for re-assessments or spot checks to be carried out and a different Assessor could be assigned for these.

4. It was suggested that the proposed warning letter to corporate head offices should be sent to the professionally responsible person at the organisation instead of the CEO as proposed.

5. It was commented that we couldn't force practices to actively advertise non-compliance, as suggested by the paper. However, it was clarified what was being proposed was to ensure that practices aren't advertising that they are in the Scheme if they are non-compliant.

6. A query was raised about how sanctions such as re-assessments would be paid for. It was confirmed that as the Scheme is self-funding, and to avoid penalising all PSS practices, the sanctions would need to be charged to the non-compliant practices.

7. It was queried about what the appeals process for sanctions would be. It was confirmed that the appeals process as outlined in the PSS Rules would be followed.

8. It was discussed whether the 'one in, all in' rule that applied to PSS practice groups was still fit for purpose and whether removing it would help with reducing the number of non-compliant practices.

9. It was generally felt by the Group that action needs to be taken to address practices that are not complying with the Standards, but this needs to be balanced with retaining practices in the Scheme to raise standards within the profession.

Action: PSS Team to draft a framework or grading system for evidence sanctions and to present to the Group at the next meeting.

Paragraph of this classified appendix	Action	Assigned to	Due by
9	PSS Team to draft a framework or grading system for evidence sanctions and to present to the Group at the next meeting.	Head of Legal Services – PSS, PSS Lead	13 April 2022

Matters for decision

c. Sustainability

The Centre for Sustainable Healthcare (CSH) representatives and RCVS Sustainability Lead joined the meeting.

10. The CSH representative provided a presentation to the Group on the work done so far that had led to the draft sustainability framework being produced.

11. The Group provided its general feedback on the draft sustainability framework. It was queried why there were no VH level requirements included. The Group was advised that it had been considered when producing the framework that unlike with requirements relating to clinical parts of a practice's service, there wouldn't necessarily be higher standards for sustainability that were relevant to VH level.

12. It was raised that in developing sustainability requirements to be incorporated into the Practice Standards framework, we should be considering that there are veterinary practices and veterinary practice organisations that have already signed up to other environmental accreditation schemes and that we should be avoiding duplication of efforts. However, it was clarified to the Group that due to the PSS membership figures and through setting mandatory standards for PSS practices to meet, PSS is in a unique position to have a wide-reaching impact on the profession with respect to sustainability. It was also suggested that work done by practices on other environmental accreditation schemes could still contribute to the PSS framework.

13. It was commented that through the PSS sustainability requirements we need to ensure that we are being ambitious and encouraging measurable improvements within the profession, rather than just introducing requirements that are a tick box exercise for practices.

14. The CSH representatives went through a set of queries on the draft sustainability framework that were remaining from the working group meetings, and they captured the outcomes to revise the wording.

15. It was suggested that to capture further feedback from the Group, the draft framework should be circulated for representatives to add comments on behalf of their organisations. The Group was reminded that the draft framework was confidential and should only be shared with relevant members of their organisation's boards.

Decision: The Group agreed to provide further feedback on the draft sustainability framework following the meeting. The Group agreed to keep this confidential to relevant members of their organisations' boards.

Action: PSS Lead and CSH to provide a shared online document to the Group to capture their feedback on the draft sustainability framework.

The Centre for Sustainable Healthcare (CSH) representatives and RCVS Sustainability Lead left the meeting.

16. The Group discussed the proposal to include social elements (e.g. equality and diversity, wellbeing) in the draft sustainability framework. In support of this, it was felt that social elements are crucial to sustainability, and that although environmental elements are urgent and important, the human factor should not be forgotten.

17. It was raised that the original scope of the project only covered environmental sustainability, and any change to the scope would have an impact on the timeframes and costs for the project.

18. It was also discussed that we need to consider the number of requirements that are being added into the Standards and the impact that this has on Assessor's workloads. The Group was advised that assessments were already taking longer and required more paperwork review following the introduction of the new version of the Standards in May 2021.

19. It was suggested that work on the social sustainability elements could be carried out using expertise internal to the RCVS, namely by the Advancement for the Professions (APC) team. It was proposed that this team could be tasked with reviewing the relevant PSS requirements and identifying the need for further revisions, and that the outcome of this work could then be presented to the Group at the next meeting.

Decision: The Group decided that the work on social sustainability requirements for PSS should be taken forward in-house, with an update on progress being presented at April's meeting.

Action: PSS Lead to coordinate the in-house work on social sustainability requirements for PSS with a view to presenting progress at April's meeting.

Paragraph of this classified appendix	Action	Assigned to	Due by
15	PSS Lead and CSH to provide a shared online document to the Group to capture their feedback on the draft sustainability framework.	PSS Lead	Within two weeks of meeting
19	PSS Lead to coordinate the in-house work on social sustainability requirements for PSS with a view to presenting progress at April's meeting.	PSS Lead	13 April 2022

Action	Owner	TB Completed by date	Status
The Senior Officer to send out links to RCVSK QI resources to The Group.	LC	31/10	Complete
PSG to provide their feedback on revised surveys by Monday 23rd August 2021.	PSG/LC	23/08	Complete
The Senior Manager and Senior Officer to produce an article on the top deficiencies found at assessments, to go out in the next e-newsletter at the end of August 2021.	LB/LC	31/08	Complete
Action: The Senior PSS Manager to work with the RCVS Communications Department on promotion of the three new RVN Assessors who joined the PSS Team.	LB	31/08	Complete
Lead Assessor and Review Group to look into potential exemptions for VH accreditation level.	DA	7/01/22	In progress. Discussions have already been held with LA and RG. VH exemptions list to be produced and discussed by RG, with a view to bringing to April 22 PSG
The Senior Manager and Lead Assessor to devise a sanctions protocol for non-compliant practices	DA/LB	7/01/22	Paper on sanctions being presented at 26/01/2022 PSG meeting
Senior Officer to provide PSG's feedback to the unsuccessful sustainability organisations and begin preliminary project discussions with the successful candidate. Senior Officer to also apply for discretionary funding for the project.	LC	31/08	Complete
Senior Officer to update the Standards guidance notes for requirement 5.2.4.	LC	30/09	To be included in update to standards following Jan 22 PSG
PSS Team to collect data on how many practices currently have dental x-ray.	LC/DA	7/01/22	In progress. Survey for collecting data has been produced and is being completed by assessors with practices, with a view to presenting at April 22 PSG
Head of Legal Services to draft a conflicts of interest policy and share at next meeting	LP	7/01/22	With Director for final approval before implementing internally

Requirement number	Requirement / guidance notes wording	Change from old version	Notes from review process	Query	PSG decisions and actions
SA 1.3.1 and 6.4.6	1.3.1 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). **Guidance notes** Assessors will ask to see patient charts and team member rotas and will speak to team members. ++ 6.4.6 A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times.	1.3.1 Requirement wording amended from 'A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times including out-of-hours (OOH).' to 'A veterinary surgeon, RVN or SVN, other than the surgeon, is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered, at all times including out-of-hours (OOH).' ++ No change.	Recommendation to build on the requirement at General Practice level for only a practice team member to monitor anaesthesia. ++ N/A	The PSS Assessor group have interpreted the wording in this requirement of "…dedicated solely…" as meaning provision of one-to-one care is required. It is felt that if this is the correct interpretation, it would be unachievable for this to be provided by a veterinary surgeon, RVN or SVN in reality, especially during out-of-hours where only one team member may be present, or there may be emergencies of greater priority. It is suggested that the actual intention may be only that the same person is monitoring the patient until fully recovered. If this is the case, it is suggested that the wording be amended to remove "solely". It is also suggested that a caveat for emergency situations could be added in to the requirement wording, as was done with the Core Standards requirement 1.1.2. **Required decision: The Group is asked to clarify the intention of this requirement and to decide if the wording needs to be amended as suggested.**	PSG felt that at this accreditation level it is important that the patient is monitored by a qualified person to avoid complications, but it was clarified that it wouldn't necessarily need to be the same person as suggested with the current and proposed wording. The Group also felt that clarification is needed on what 'fully recovered' means, and it was suggested that this could be sought from the Association of Veterinary Anaesthetists (AVA). **Decision: The Group decided to add wording to the guidance notes to clarify what 'fully recovered' means and that the monitoring can be shared between qualified persons.** **Action: PSS Team to produce revised guidance notes wording for SA 1.3.1 and 6.4.6 and to present to the Group.**

SA and EQ 3.1.6	There is a written protocol for cremation, destination of ashes etc.	Requirement wording amended from 'Options are discussed regarding cremation, destination of ashes etc.'	Suggestion that it would be better to have a written protocol in place to ensure that clients are given the relevant, consistent and full information on cremations and destination of ashes by all members of the team.	The PSS Assessor group have interpreted this requirement as meaning that a written protocol outlining how options are discussed / information is provided to clients must be in place. This appears to be the correct interpretation based on the notes from the review process. However, a corporate practice group appears to have interpreted this requirement as meaning that written information must be provided to clients. It is therefore suggested that the wording for the requirement is amended to "There is a written protocol **outlining how options are discussed and/or information is provided to clients on** cremation, destination of ashes etc." A corporate practice group has also queried what we would expect to be included in the protocol. It has been suggested by the Lead Assessor that the protocol should at least outline how excellent client communication is delivered and how errors are avoided. It is suggested that	**Decision: The Group agreed to the proposed wording changes.** **Action: PSS Team to update the Standards with the agreed new wording for SA and EQ 3.1.6.**

				wording on this could be added to the guidance notes. **Required decision: The Group is asked to confirm whether the wording for this requirement should be amended as suggested. The Group is also asked to confirm whether wording should be added to the guidance notes to clarify what information should be included in the protocol.**	
SA 4.2.4	Dental instruments are sterilised.	Requirement added.	Recommendation to add.	A corporate practice group has queried when sterilisation would be expected to occur; would this need to be for all procedures, including those such as rabbit dental used in consults? It has also been queried by the Lead Assessor whether the type of sterilisation needs to be specified. **Required decision: The Group is asked to confirm when sterilisation of dental instruments would be expected to occur, and what type of sterilisation would be acceptable.**	The Group was advised that evidence for this item had been received from RCVS Knowledge, but the Group had not had a chance to review this. **Decision: It was agreed that the evidence from RCVS Knowledge would be presented to the Group before a decision on this query was made.** **Action: PSS Team to present the query for 4.2.4 to the Group with the supporting evidence provided by RCVS Knowledge.**
SA 5.2.3	An ultrasound system capable of providing diagnostic quality	Moved from VH level.	Recommendation to move to GP.	It has been queried whether ultrasound is necessary on site if it is accessible nearby. It is	The Group was understanding of the queries raised around the

	images of the range of species treated is provided on site.		At 13/5/2020 PSG the Group agreed to add 'on site' following a query from PSS assessors about whether the ultrasound could be shared between premises.	felt that ultrasound might not yet be widely available enough for this requirement to be at GP level. It has also been queried as to what would be acceptable as ultrasound equipment – whether this would need to be a full unit, or more basic devices. It should be noted that ultrasound has been required at GP level for Equine (5.2.1) since the old version. The PSS Review Group has considered these queries and it feels that the requirement should be retained. **Required decision: The Group is asked to clarify the purpose of this requirement and to decide if the wording needs to be amended and/or the requirement moved to a different level.** **The Group is also asked to confirm what type of ultrasound equipment would be acceptable.**	need for ultrasound onsite if it is readily available from another practice, especially if that practice is in the same practice group. However, it was ultimately felt that practices at GP level would be expected to utilise ultrasound for certain diagnostic investigations, and that this would complement x-ray which is required at the same level. It was also raised that there are low cost and accessible options available. Additionally, there were concerns that if the requirement only asked for ultrasound to be available 'nearby' that this could be open for interpretation. **Decision: The Group agreed to maintain the GP requirement for ultrasound to be provided on site, but to add wording to the guidance notes clarifying what level of capability is acceptable.** **Action: PSS Team to produce revised guidance notes wording**

					for SA 5.2.3 and to present to the Group.
SA 5.3.5, EQ 5.3.13	The sole use of self-adhesive labels for the identification of radiographs is not acceptable. Radiographs should be permanently identified at the time of the exposure.	No change.	N/A	A corporate practice group queried what would be required for digital radiography images. At General Practice level, SA requirement 5.2.6 and EQ requirement 5.2.5 state in the guidance notes that digital tags are acceptable for patient identification. There would be no way to advance this standard at Veterinary Hospital level. However, it is suggested that the wording for this requirement could be amended to clarify that it applies to hard-copy radiographs. **Required decision: The Group is asked to confirm whether the wording for this requirement should be amended to clarify that it applies to hard-copy radiographs.**	**Decision: The Group agreed to add to the wording for this requirement to clarify that it is referring to hard-copy radiographs.** **Action: PSS Team to update the Standards with the agreed new wording for SA 5.3.5 and EQ 5.3.13.**
SA 6.4.21	All clinical team members must be provided with guidance notes on emergency practice policies before commencement of work. There must be formal	No change.	N/A	It has been queried by corporate practice groups and the PSS Assessor group whether this requirement refers to practice policies for 'clinical' or 'general'	**Decision: The Group agreed to the proposed wording changes.** **Action: PSS Team to update the Standards**

	evidence of induction of team members at the outset of their employment. **Guidance notes** Assessors will ask to see team members' induction records. **Documents** Guidance notes on emergency procedures. Induction records.			emergencies (e.g. fires and gas leaks). The fact that it is in the Emergency and Critical Care module and that it only requires 'clinical team members' to be provided with guidance suggests it is referring to clinical emergencies. There is also a separate requirement (16.1.23) in the Practice Team module for general emergency protocols, which all team members must be aware of. In addition, there is an equivalent requirement (18.4.5) in the Equine Emergency (Ambulatory) module which does clarify that the requirement is referring to clinical emergencies: All clinical team members (including new team members and locums) must be provided with written guidelines and protocols for managing the **clinical** emergencies encountered commonly in the practice. There must be formal evidence of induction of team members at the outset of their employment. **Guidance notes**	**with the agreed new wording for SA 6.4.21.**

				Consistent information is provided to all new team members. Evidence of induction records and training. **Documents** Guidance notes on emergency procedures. Induction and training records. **Required decision: The Group is asked to approve the amendments to the wording for Small Animal 6.4.21 to be the same as the Equine equivalent (18.4.5; including amendments to the guidance notes and documents).**	
SA 7.3.4, EQ 6.3.4	Environmental swabbing of all clinical areas is carried out at least twice per year.	Requirement added.	Recommendation to add.	A corporate practice group has queried whether there is an evidence base for carrying out swabbing at the frequency specified in this requirement (twice per year). They have received internal advice that a risk-based approach would be more effective, although no supporting evidence has been provided. The PSS Assessor group has recommended retaining this requirement but they have	The Group was advised that evidence for this item had been received from RCVS Knowledge, but the Group had not had a chance to review this. **Decision: It was agreed that the evidence from RCVS Knowledge would be presented to the Group before a decision on this query was made.**

				suggested requiring infection rate audits to be carried out as well. In addition, a large commercial laboratory (Idexx) that plans to provide environmental swabbing services to fulfil this requirement have asked for the precise details on what this requirement is asking for, including which bacteria would need to be swabbed for and what the acceptable levels are. **Required decision: The Group is asked to clarify the purpose of / evidence for this requirement and to decide if the wording needs to be amended.** **The Group is also asked to consider the PSS Assessor group's suggestion for amending the requirement wording.** **Finally, the Group is asked to clarify the precise details of what would be required from the environmental swabbing.**	**Action: PSS Team to present the query for SA 7.3.4 and EQ 6.3.4 to the Group with the supporting evidence provided by RCVS Knowledge.**
SA 8.5.9	At least one cage is of the walk-in type or feline equivalent in cat only practices.	No change.	N/A	International Cat Care (ICC) have proposed the following amendment to the guidance notes wording:	**Decision: The Group agreed to the proposed wording changes.**

	Guidance notes Guidance can be found for cat only practices at: https://www.rcvs.org.uk/cfc-facilities			*For cats, guidance can be found at: https://www.rcvs.org.uk/cfc-facilities. Size of cage would depend on length of stay.* **Decision**: The Group is asked to decide if the additional wording as proposed by ICC should be added to the guidance notes.	**Action: PSS Team to update the Standards with the agreed new wording for SA 8.5.9.**
SA 10.3.1, EQ 9.3.1	At least one team member must have attended an appropriate dispensing course in the last four years. **Guidance notes** This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. BSAVA dispensing course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	No change.	N/A	Vetpol is an independent regulator of SQPs and an SQP training provider. Vetpol approached the PSS Team with details of a new medicines dispensing course that they had developed, which they felt could qualify for meeting this PSS requirement. Vetpol were asked to provide evidence that their course meets the criteria for an "appropriate dispensing course" (previously developed and approved by PSG in 2017 with input from the VMD and NOAH). This was then submitted for review by the PSS Review Group (as per the process approved by PSG). The Review Group has confirmed that the Vetpol dispensing course meets the criteria and Vetpol have been	It was suggested that, instead of updating the guidance notes each time with the details of appropriate courses, a list of suitable providers is created and linked to in the guidance notes, which can then be maintained up to date. **Decision: The Group agreed to create a list of providers which will be linked to in the guidance notes and updated with any new providers, including Vetpol.** **Action: PSS Team to create a list of providers of appropriate dispensing courses and to update the guidance notes for SA 10.3.1 and EQ 9.3.1 to link to it.**

				informed that attendance at their course would be satisfactory for this requirement to be met. It is proposed that the guidance notes wording for this requirement is amended to include reference to the Vetpol dispensing course, as with the current mention of the BSAVA equivalent. **Required decision: The Group is asked to consider whether the Vetpol dispensing course should be added as an example to the guidance notes for this requirement, as with the current mention of the BSAVA equivalent.**	
SA 14.1.1	Team members must be adequately trained in animal handling. **Guidance notes** Non-slip lead, muzzles, crush cage, blanket, gloves, dog catcher. Ability to call for assistance e.g. personal or room alarm. Evidence may be required in the form of team members' induction/training records.	No change.	N/A	International Cat Care (ICC) have proposed the following amended wording for this requirement: *Team members must be adequately trained* ***in species appropriate, stress-free*** *animal handling* ***for both animal welfare and human safety****.* ***Guidance notes***	**Decision: The Group agreed to the proposed wording changes.** **Action: PSS Team to update the Standards with the agreed new wording for SA 14.1.1.**

	Documents Induction/training records.			*For dogs; non-slip lead, muzzles, dog catcher.* ***For cats; towels for wrapping, food for distraction, restraint cage for unsocialised cats. Judicious use of anxiolytic and sedative drugs.*** *Ability to call for assistance e.g. personal or room alarm.* *Evidence may be required in the form of team members' induction/training records* **Required decision:** The Group is asked to decide if the additional wording as proposed by ICC should be added to the guidance notes.	
SA 14.1.5	The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a means of delivering oxygen. **Guidance notes** The delivery methods should include ET tubes.	Requirement added.	Not available.	As this is a Core Standards requirement, it would need to be met by all premises that provide Out-patients services; this would be the majority (if not all) premises, including consulting-only branches. It is felt that this requirement would not be applicable to / achievable for consulting-only premises, where animals are not being treated on site. One practice group has also raised	It was felt that this requirement is essential for basic animal welfare provision in cases of emergencies. It was raised that accessible and safe options for oxygen delivery are available to practices. **Decision: The Group agreed to retain this requirement at Core Standards level, but to**

				health and safety concerns about oxygen being stored on site unnecessarily. **Required decision: The Group is asked to clarify the purpose of this requirement and to decide if the wording needs to be amended and/or the requirement moved to a different level.**	**add wording to the guidance notes to advise on available means of oxygen delivery.** **Action: PSS Team to produce revised guidance notes wording for SA 14.1.5 and to present to the Group.**
SA 16.3.2	The hospital must have at least two team members with a post-graduate qualification with a small animal component. One of the post-graduate qualifications must have a small animal surgery component. **Guidance notes** This should be on a Full Time Equivalent (FTE) basis.	Requirement added.	This was recommended to bring SA in line with EQ, which has had an equivalent requirement since the old version.	It is felt that dispensation will be needed with this requirement where it cannot be met temporarily e.g. where team members have left, particularly with current staff shortages. It has also been queried as to what the employment status of the certificate holders would need to be e.g. permanent vs visiting vets. It is suggested that similar wording as for the RVN requirement could be added to the guidance notes ("*If the RVN(s) leave the employment of the practice so that the practice is not fulfilling this requirement, the PSS accreditation can be retained as long as the practice is actively recruiting a replacement RVN*").	**Decision: The Group agreed to the proposed wording changes. It was clarified that this requirement would be met as long as the FTE criteria was being adhered to, regardless of employment status.** **Action: PSS Team to update the Standards with the agreed new wording for SA 16.3.2.**

				Required decision: The Group is asked to decide whether guidance notes wording should be added to state that there will be dispensation for this requirement where it cannot be met temporarily. **The Group is also asked to confirm what the employment status of the certificate holders would need to be.**	

Index number	Requirement	Guidance notes	Required documents	Proposed change
10.1.11	Medicines should be disposed of in accordance with the current legislation.	Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include: - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded - A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: https://www.rcvs.org.uk/cdlos A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity.	None	Add a required document for "T28 / SEPA certificate". To be uploaded pre-assessment

		A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so. Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV.UK guidance: https://www.rcvs.org.uk/t28.		
10.1.28	A practice must be able to demonstrate that when using antimicrobials or anthelmintics, it does so responsibly, and is accountable for the choices made in such use.	The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice:	None	Add a required document for "Protocol for responsible use of antimicrobials and anthelmintics". To be uploaded pre-assessment

		https://www.rcvs.org.uk/bva-amr-plan. The BSAVA also provides advice on the responsible use of antimicrobials: https://www.rcvs.org.uk/bsava-amr.		
16.1.35	Where firearms are stored on the premises and / or used in the course of practice business firearms certificates for each individual using the equipment must be shown.	The practice must pass inspection by a Duty Firearms Officer in respect of any firearms/tranquillizer and dart guns. Individual veterinary surgeons must have been issued with the relevant firearms certificate. These should cover adequate storage arrangements.	Firearms certificates	Change to be uploaded pre-assessment

Annex D - PSG 26/01/2022 Actions table

Paragraph of minutes	Action	Assigned to	Due by
7	PSS Team to contact BEVA and BCVA to run surveys to understand low uptake of PSS by Equine and Farm practices.	PSS Team	April 2022
9	PSS Team to launch revised PSS feedback surveys.	Head of Legal Services - PSS	April 2022
10	PSS Team to follow up on negative responses to PSS feedback surveys.	PSS Lead	April 2022
24	PSS Team to set up a process for reviewing the standards resources on an annual basis.	PSS Lead Assessor	June 2022
24	PSS Lead to send a list of the current resources and links to the Group.	PSS Lead	April 2022
26	See updated Annex A queries, now Annex B for the purposes of these minutes.	Head of Legal Services – PSS, PSS Lead	13 April 2022
27	PSS Team to update the Standards with the approved changes to the required documents, as per Annex C of these minutes.	PSS Lead	March 2022
33	PSS Team to update the PSS Rules and Modules and Awards documents with the agreed changes to the descriptive wording for the Equine and Small Animal ESC accreditation.	PSS Lead	March 2022
43	PSS Team to update the guidance notes wording / instructions for 16.1.8 to state that it will now be checked by the Education department through 1CPD instead of PSS.	PSS Lead	March 2022
43	PSS Team to establish a mechanism with the Education department for communicating details of non-compliant professionals working at PSS practices.	PSS Lead	December 2022

See classified appendix for actions for confidential items.

Summary	
Meeting	Standards Committee
Date	9 May 2022
Title	Riding Establishments Sub-Committee report
Summary	Standards Committee is asked to note this brief update on the work and considerations of the Riding Establishments Subcommittee. The topics discussed are as follows: • 2022 Training and Induction Course; • Annual Q&A sessions; • *REIN* 2022; and • Advice queries.
Decisions required	None
Attachments	None
Author	Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	1

1Classifications 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.

2Classification 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

2022 Training and Induction Course

1. The 2022 Training and Induction Course webinars, which will be compulsory for all delegates, are due to be released on 16 May. Delegates will be required to complete the webinars in one month, before attending either a remote Q&A session or an in-person training session at the RDA Training Centre in the Midlands.

2. While refreshers have the option to attend either the remote or in-person session, new applicants will be required to attend the in-person session, which will include a Q&A, shadowing of an inspection and a saddlery demonstration.

Annual Q&A sessions

3. As noted in the previous report, the Subcommittee have agreed to hold additional annual Q&A sessions for all inspectors on a voluntary basis following the publication of *REIN*. They will have the opportunity to pre-submit questions in advance as well as participating in discussion during the sessions.

4. The sessions are scheduled to take place in October and all inspectors will be invited to attend the sessions. Information will be circulated to inspectors following completion of the 2022 Training and Induction Course.

REIN 2022

5. The 2022 edition of *REIN* was published and circulated to the Inspectorate at the end of March. A survey for Inspectors was included in this edition, asking for feedback on the number and types of inspections being carried out, types of establishments and the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 which is due to be reviewed by DEFRA in 2023. The outcomes of the survey will help inform RESC decisions around content and guidance.

Advice queries

6. The Standards and Advice Team continue to receive a steady number of enquiries from local authorities, veterinary surgeon inspectors and the owners of riding establishments.

7. Recent queries have related to the following topics:

    a. Annual (Interim) Report Form;
    b. Trekking centres;
    c. RDA licensing;
    d. Donkeys;
    e. Alternative premises;

f. Heart problems; and

g. 2022 Training and Induction Course