

Practice Standards Scheme updates July 2022 - Changes list

RCVS

This document contains details of all the updates made in Version 3.2 (Version 3.3 for Equine) of the PSS Modules and Awards documents, published in July 2022.

For each update, the previous wording is listed alongside the new wording for ease of comparison.

Species type / requirement number	Accreditation level	Previous wording (version 3.1 (3.2 for Equine))	New wording (version 3.2 (3.3 for Equine)) – updates / additions in bold
SA 1.3.1	Veterinary Hospital	<p>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).</p> <p>Guidance notes</p> <p>Assessors will ask to see patient charts and team member rotas and will speak to team members.</p>	<p>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).</p> <p>Guidance notes</p> <p>This does not need to be the same individual as long as a thorough patient handover is performed.</p> <p>Assessors will ask to see patient charts and team member rotas and will speak to team members.</p>
SA / FA / EQ 3.1.1	Core Standards	<p>The practice must have an effective means of communication with its clients.</p> <p>Guidance notes</p> <p>The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including:</p> <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> • 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 	<p>The practice must have an effective means of communication with its clients.</p> <p>Guidance notes</p> <p>The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including:</p> <ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> - Full terms and conditions of business to include, for example: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> - The practice's privacy policy notice to include, for example:

	<p>- The practice's privacy policy notice to include, for example:</p> <ul style="list-style-type: none"> • 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 right to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) <p>The data subjects rights and any relevant information needed to lodge a complaint with the Information Commissioners Office</p> <p>Evidence could include client information leaflets, newsletters, emails to clients and reminders. This information should be displayed on the website, provided to new clients and displayed in the surgery.</p> <p>In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see 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</p>	<ul style="list-style-type: none"> • 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 right 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 <p>Evidence could include client information leaflets, newsletters, emails to clients and reminders. This information should be displayed on the website, provided to new clients and displayed in the surgery.</p> <p>In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see 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.</p> <p>For further information please refer to: https://www.rcvs.org.uk/gdpr.</p>
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		<p>nurses should comply promptly if the individual withdraws their consent. For further information please refer to: https://www.rcvs.org.uk/gdpr.</p>	<p>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.</p> <p>See guidance on accessible communication formats:</p> <p>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</p> <p>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/</p> <p>Assessors will want to see evidence of this provided through web links to practice information or in the form of document upload.</p> <p>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 these services for the healthcare sector, the police and government agencies (see list of resources below).</p> <p>For list of resources and services see: https://www.rcvs.org.uk/pss-resources</p> <p>Resource link to be produced by RCVS APC Team and link inserted when available</p>
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SA 4.2.4	General Practice	Dental instruments are sterilised.	<p>Dental instruments are sterilised.</p> <p>Guidance notes</p> <p>Sterilisation should occur in between each patient, and cold-sterilisation is acceptable.</p>
SA 5.2.3	General Practice	An ultrasound system capable of providing diagnostic quality images of the range of species treated is provided on site.	<p>An ultrasound system capable of providing diagnostic quality images of the range of species treated is provided on site.</p> <p>Guidance notes</p> <p>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.</p>
SA 5.2.5 EQ 5.2.6	General Practice	<p>Original diagnostic images should be retained for an appropriate period.</p> <p>Guidance notes</p> <p>Images may be hard copy or in digital format.</p> <p>Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice.</p>	<p>Original diagnostic images should be retained for an appropriate period.</p> <p>Guidance notes</p> <p>Images may be hard copy or in digital format.</p> <p>Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice.</p> <p>Before disposal of images, consideration should be given to their potential future value (ideally these should be retained for at least</p>

		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 life of the patient). Consult your indemnity insurer for advice on retention period. <i>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: 'Retaining diagnostic images could mean that they do not have to be re-done – saving energy and greenhouse gas emissions.'</i> <i>Relevant for X-rays, CT and MRI.'</i>
SA 6.4.6	Emergency Service Clinic	A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times.	A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times. Guidance notes This does not need to be the same individual as long as a thorough patient handover is performed.
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 – <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - auditing post op infection rates

			<p>- monitoring results of bacterial culture results from procedures in the practice & anti microbial sensitivity</p>
SA 9.2.2 EQ 8.2.1 FA 7.2.1	General Practice accreditation	<p>Instrumentation for tests performed on the premises include:</p> <ul style="list-style-type: none"> - 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 <p>Guidance notes</p> <p>Evidence will be required that some of the following tests are being performed in-house:</p> <ul style="list-style-type: none"> - Cytology (e.g. urine, skin scrape, ear, vagina, semen, FNA) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) - PCV - Blood glucose - Urine dip stick tests - FeLV/FIV/T4/pancreatitis tests 	<p>Instrumentation for tests performed on the premises include:</p> <ul style="list-style-type: none"> - 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 <p><i>['Including gram' removed]</i></p> <p>Guidance notes</p> <p>Evidence will be required that some of the following tests are being performed in-house:</p> <ul style="list-style-type: none"> - Cytology (e.g. urine, skin scrape, ear, vagina, semen, FNA) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) - PCV - Blood glucose - Urine dip stick tests - FeLV/FIV/T4/pancreatitis tests
SA 10.1.9 EQ 9.1.9 FA 8.1.9	Core Standards	<p>An adequate supply of medicines and materials used in the treatment of patients must be readily available.</p> <p>There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation.</p>	<p>An adequate supply of medicines and materials used in the treatment of patients must be readily available.</p> <p>There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation.</p>

		<p>Guidance notes</p> <p>Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.</p>	<p>Guidance notes</p> <p>Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.</p> <p><i>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: ‘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.’</i></p>
SA 10.1.11 EQ 9.1.11 FA 8.1.11	Core Standards	<p>Medicines should be disposed of in accordance with the current legislation.</p> <p>Guidance notes</p> <p>Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of.</p> <p>Authorised witnesses include:</p> <ul style="list-style-type: none"> - 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 	<p>Medicines should be disposed of in accordance with the current legislation.</p> <p>Guidance notes</p> <p>Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of.</p> <p>Authorised witnesses include:</p> <ul style="list-style-type: none"> - 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 <p>A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity.</p>

		<p>A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity.</p> <p>A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so.</p> <p>Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed.</p> <p>If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV.UK guidance: https://www.rcvs.org.uk/t28.</p>	<p>A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so.</p> <p>Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed.</p> <p>If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV.UK guidance: https://www.rcvs.org.uk/t28.</p> <p><i>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: ‘Improper disposal of medicines causes environmental damage such as ecotoxicity.’</i></p>
<p>SA 10.1.28 EQ 9.1.28 FA 8.1.28</p>	<p>Core standards</p>	<p>A practice must be able to demonstrate that when using antimicrobials or anthelmintics, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes</p> <p>The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals.</p> <p>Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.</p> <p>Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their</p>	<p>A practice must be able to demonstrate that when using antimicrobials or anthelmintics, it does so responsibly, and is accountable for the choices made in such use.</p> <p><i>Alternative wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: ‘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.’</i></p> <p>Guidance notes</p> <p>The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals.</p> <p>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</p>

		<p>antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan.</p> <p>The BSAVA also provides advice on the responsible use of antimicrobials: https://www.rcvs.org.uk/bsava-amr.</p>	<p>use these products responsibly to minimise resistance development.</p> <p>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.</p> <p>The BSAVA also provides advice on the responsible use of antimicrobials: https://www.rcvs.org.uk/bsava-amr.</p> <p><i>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: ‘Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status:</i></p> <ol style="list-style-type: none"> 1. <i>BSAVA Medicines Guide: Section on Antimicrobials - https://www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13</i> 2. <i>PROTECTME notes https://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters</i> 3. <i>PROTECTME posters (general and rabbit) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data</i> 4. <i>Non-Prescription form (sample) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data</i> <p><i>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.’</i></p>
<p>NEW REQUIREMENT</p> <p>SA 10.1.30 EQ 9.1.30 FA 8.1.32</p>	<p>Core Standards</p>	<p>N/A</p>	<p>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.</p>

			<p><i>This requirement is effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award.</i></p> <p><i>Guidance notes</i></p> <p>Endoparasiticides are linked to various environmental concerns such as the development of resistance.</p> <p>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.</p> <p>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.</p> <p>Resources for companion animals: https://www.esccap.org/guidelines/</p>
<p>NEW REQUIREMENT</p> <p>SA 10.1.31 EQ 9.1.31 FA 8.1.31</p>	Core Standards	N/A	<p>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.</p> <p><i>This requirement is effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award.</i></p> <p><i>Guidance notes</i></p> <p>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).</p> <p>Resources for companion animals: Homepage ESCCAP</p>

SA 14.1.5	Core Standards	<p>The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a means of delivering oxygen.</p> <p>Guidance notes</p> <p>The delivery methods should include ET tubes.</p>	<p>The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a means of delivering oxygen.</p> <p>Guidance notes</p> <p>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 alternative. Suitable methods of delivery include flow by, mask, nasal prongs or oxygen tent.</p>
SA 16.1.10 EQ 15.1.10 FA 14.1.9	Core Standards	<p>Team members understand the practice's responsibilities to their employees, potential employees, clients and external parties under the Equality Act 2010 and how it impacts their role in the practice.</p> <p>Guidance notes</p> <p>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.</p> <p>The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions). The practice should demonstrate a commitment to diversity and that it has taken steps, where possible, to recruit a diverse workforce.</p> <p>The practice should demonstrate a zero-tolerance approach to discrimination and harassment.</p> <p>The practice should communicate clearly in adverts and interviews that it values staff mental health, as this sends a strong signal that disclosure will not lead to discrimination. For example, the practice could include a</p>	<p>Team members understand the practice's responsibilities to their employees, potential employees, clients and external parties under the Equality Act 2010 and how it impacts their role in the practice.</p> <p>Guidance notes</p> <p>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</p> <p>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 should be made available on the staff intranet and practice website and displayed in prominent areas on the premises.</p> <p>Assessors will ask to see the policy and will want to speak to the management and team members about the policy and how it is implemented.</p> <p>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</p>

		<p>statement such as: 'As an employer, we are committed to promoting and protecting the physical and mental health of all our staff.'</p>	<p>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.</p> <p>The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions).</p> <p>The practice should demonstrate a commitment to diversity and that it has taken steps, where possible, to recruit a diverse workforce. 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</p> <p>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</p>
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			<p>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)</p> <p>The practice should communicate clearly in adverts and interviews that it values staff mental health, as this sends a strong signal that disclosure will not lead to discrimination. For example, the practice could include a statement such as: 'As an employer, we are committed to promoting and protecting the physical and mental health of all our staff.'</p> <p>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.</p> <p>A generic guidance document on religious clothing and belief which can be adapted for local use is provided by the RCVS/VSC. See PSS additional resources page: https://www.rcvs.org.uk/pss-resources</p> <p>See also: religion-belief-discrimination-guide.pdf (acas.org.uk)</p> <p>The practice should demonstrate a zero-tolerance approach to discrimination, harassment and bullying.</p> <p>The practice should have a system in place to deal with reports of discrimination, harassment and bullying.</p>
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<p>SA 16.1.20 EQ 15.1.20 FA 14.1.19</p>	<p>Core Standards</p>	<p>Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.</p> <p>Guidance notes</p> <p>Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers.</p> <p>Frequency of servicing is determined by the manufacturer or a competent person's recommendation.</p> <p>Damaged or failed equipment should be clearly identified and removed from use until repaired.</p> <p>Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.</p>	<p>Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.</p> <p>Guidance notes</p> <p>Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers.</p> <p>Frequency of servicing is determined by the manufacturer or a competent person's recommendation.</p> <p>Damaged or failed equipment should be clearly identified and removed from use until repaired.</p> <p>Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.</p> <p><i>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: 'The manufacturing and delivery of equipment contributes to greenhouse gas emissions. Servicing and maintaining equipment regularly increases its lifespan/makes it last longer.'</i></p>
<p>SA 16.1.24 EQ 15.1.25 FA 14.1.24</p>	<p>Core Standards</p>	<p>Team members understand the fire evacuation protocol and to alert others</p> <p>Guidance notes</p>	<p>Team members understand the fire evacuation protocol and to alert others</p> <p>Guidance notes</p>

		<p>Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training.</p> <p>Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.</p>	<p>Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training.</p> <p>Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.</p> <p>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:</p> <ul style="list-style-type: none"> • Mobility impairment • Sight impairment • Hearing impairment • Cognitive impairment • A medical condition or injury which might cause them to need assistance to evacuate safely. <p>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.</p> <p>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</p> <p>https://www.worksafe.uk.com/emergency-planning-for-employees-with-a-disability/#:~:text=Under%20current%20fire%20safety%20legislation,plan%20or%20PEEP%20is%20require</p>
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			Assessors will ask to see any PEEPs drawn up for employees by the practice.
SA 16.1.33 EQ 15.1.34 FA 14.1.33	Core Standards	<p>The practice must have a policy for how they segregate, store and dispose of all forms of waste.</p> <p>Guidance notes</p> <p>Team training:</p> <ul style="list-style-type: none"> - Team members should be able to describe how they handle different forms of waste <p>Storage:</p> <ul style="list-style-type: none"> - 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. <p>Assessors will ask to see evidence of:</p> <p>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</p> <ul style="list-style-type: none"> - The current waste audit should be available - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales 	<p>The practice must have a policy for how they segregate, store and dispose of all forms of waste.</p> <p>Guidance notes</p> <p>Team training:</p> <ul style="list-style-type: none"> - Team members should be able to describe how they handle different forms of waste <p>Storage:</p> <ul style="list-style-type: none"> - 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. <p>Assessors will ask to see evidence of:</p> <p>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</p> <ul style="list-style-type: none"> - The current waste audit should be available - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years)

		<p>- Waste transfer notes (which should be stored for two years)</p> <p>For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: 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.</p>	<p>For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: 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.</p> <p><i>Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: ‘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.’</i></p>
<p>REQUIREMENT MOVED FROM AWARDS (SA 16.5.25, EQ 15.5.25, FA 14.5.24)</p> <p>SA 16.1.40 EQ 15.1.40 FA 14.1.39</p>	<p>Core Standards</p>	<p>A protocol is in place to address the management of conflict and bullying in the workplace.</p> <p>Guidance notes</p> <p>This should include a written policy explicitly stating that the workplace has a zero-tolerance approach to bullying and harassment.</p> <p>Team members can describe a zero-tolerance approach to bullying and harassment in their workplace and know how to recognise and report such behaviours</p>	<p>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.</p> <p>Guidance notes</p> <p>This should include a written policy explicitly stating that the workplace has a zero-tolerance approach to bullying and harassment.</p> <p>Team members can describe a zero-tolerance approach to bullying and harassment in their workplace and know how to recognise and report such behaviours.</p> <p>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.</p>

			<p>The policy should be made available on the practice intranet or practice website and displayed in prominent areas on the premises.</p> <p>Assessors will ask to see the policy and evidence of how this implemented.</p>
SA 16.2.7 EQ 15.2.7 FA 14.2.7	General Practice	<p>Line managers should have clear guidance on how to deal with mental health issues in the workplace.</p> <p>Guidance notes</p> <p>Any internal training / induction for new line managers explicitly addresses mental health in the workplace.</p> <p>All team members with line management responsibility should have undertaken some form of training on mental health awareness.</p> <p>Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage, especially with regards to the Equality Act. See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act.</p> <p>Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios (self-harm, suicidal ideation, psychosis), and these are understood.</p> <p>Managers can describe where they would seek additional advice and guidance on issues around mental health.</p> <p>Advice and guidance is available from Mind (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.</p>	<p>Line managers should have clear guidance on how to deal with mental health issues in the workplace.</p> <p>Guidance notes</p> <p>Any internal training / induction for new line managers explicitly addresses mental health in the workplace.</p> <p>All team members with line management responsibility should have undertaken some form of training on mental health awareness.</p> <p>Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage, especially with regards to the Equality Act. See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act.</p> <p>Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios (self-harm, suicidal ideation, psychosis), and these are understood.</p> <p>Managers can describe where they would seek additional advice and guidance on issues around mental health.</p> <p>Team members and line managers should be able to describe discriminatory behaviour and understand it's impact on mental health and well-being.</p> <p>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.</p>

<p>NEW REQUIREMENT</p> <p>SA 16.2.12 EQ 15.2.12 FA 14.2.12</p>	<p>General Practice</p>	<p>N/A</p>	<p>The practice employs positive action statements as part of its recruitment policy, to encourage applications from under-represented groups.</p> <p>Guidance notes</p> <p>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.</p> <p>An example of a general statement could be: 'We are committed to equality of opportunity for all and welcome applicants from diverse backgrounds.'</p> <p>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'.</p> <p>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.</p> <p>https://www.equalityhumanrights.com/en/advice-and-guidance/employers-what-positive-action-workplace</p> <p>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)</p>
<p>SA 16.5.42 EQ 15.5.44 FA 14.5.43</p>	<p>Awards</p>	<p>The practice can demonstrate evidence of waste reduction.</p> <p>Guidance notes</p>	<p>Requirement deleted.</p>

		Examples of this could include the practice tracking and measuring its landfill waste, as well as its recycling waste.	
SA 17.2.1 EQ 16.2.1 FA 15.2.1	General Practice	The area immediately surrounding the premises must be maintained in a clean and tidy state. Guidance notes Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.	The area immediately surrounding the premises must be maintained in a clean and tidy state. <i>Alternative wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: The area immediately surrounding the premises must be maintained in a clean and tidy state and should not negatively impact the environment.</i> Guidance notes Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.
NEW MODULE SA 19.1.1, 19.2.1-19.2.8, 19.5.1- 19.5.32 EQ 19.1.1, 19.2.1- 19.2.8,19.5.1- 19.5.32 FA 17.1.1, 17.2.1- 17.2.8,17.5.1- 17.5.32	Core Standards, General Practice, Awards	N/A	New Environmental Sustainability Module and Award added. See Modules and Awards documents for details.